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Chemist&Druggist
The Newsweekly for Pharmacy

C&D

14 December 2002

Overspend means £4m cut in threshold fee

NPA: pharmacy needs on-site pharmacists

In-store online ads service for independents

Into the blue – making your business 'Ltd'

This Christmas AAH Pharmaceuticals will be making a very special delivery...

This year AAH have decided to support a very good cause rather than send all our customers a Christmas card.

Queens Hospital, Burton-on-Trent, will receive a donation towards its fundraising efforts for a new Centre of Excellence for Cancer awarenes: care and treatment. The Hospital's Centre will cost £1.5m and is due to open in 2004.

Delivery schedule for the festive period

Christmas Eve	Deliveries as normal
Christmas Day	No deliveries
Boxing Day	No deliveries
27 December	Deliveries as normal
28 December	Deliveries as normal
29 December	Deliveries as normal
30 December	Deliveries as normal
New Years Eve	Deliveries as normal
New Years Day	No deliveries
2 January	Normal service resumes

In Scotland local restrictions apply. Customers should speak to their branch or BDM for specific schedules.

WE WISH ALL OF OUR COLLEAGUES IN PHARMACY
A VERY MERRY CHRISTMAS & A PROSPEROUS NEW YEAR

AAH
Pharmaceuticals Limited

www.dotpharmacy.com

Chemist & Druggist

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This week

Regulars

Pharmacy today

Features

PSNC

Contractors set to lose £4m

Community pharmacy contractors in England will lose £4 million during the first three months of next year.

This follows PSNC's decision to accept the Department of Health's proposals to remove the threshold quantity fee for the remainder of 2002/3 in order to avoid building up an overpayment against the global sum.

PSNC has said that the proposal was not made until after its November meeting which meant that the committee was not able to debate the proposal or alternatives.

Godfrey Horridge, PSNC financial executive, said: "The money had to come from somewhere.

"The Government wanted £4m back because the global sum is overspent and rather than reduce the main dispensing fee it was agreed by telephone and e-mail with the DoH last week to remove the threshold fee."

Imran Khan, proprietor of the Beehive Pharmacy in Ilford, Essex and local pharmaceutical committee representative for North East London LPC said he disagrees with this plan of action as it is not fair and equitable. "It will penalise contractors who dispense prescriptions for long periods of time eg three months, or large quantities. These contractors are already losing on dispensing fees and have to carry a larger quantity of stock.

"What technique did the PSNC use to reach this conclusion? They haven't done an impact assessment to see how it will affect pharmacies dispensing larger quantities. The PSNC either don't want to negotiate or have lost the power to negotiate - they should represent every single contractor."

His views were echoed by Hemant Patel, LPC secretary for the North East London LPC and former vice-chairman of PSNC. "This is fraud against a minority of contractors and will have a devastating impact on some pharmacies," he said. "The PSNC should be there to serve, protect and promote the interests of all contractors."

PSNC's chief executive Sue Sharpe said: "The decision was difficult and was made only by a narrow margin. A majority of the whole committee reluctantly opted in favour of accepting the proposal; some members feel strongly that this is not the best course of action."

At the next contract planning meeting on February 3 the committee will consider whether to reinstate the fee or remove it permanently.

For more information:

www.psnc.org.uk

What the DoH says...

"Corrective action was needed to address a projected overall overpayment in 2002/03. Abolition of the threshold dispensing fee should enable the global sum to remain in broad balance and provide the margin necessary to avoid any change in the basic dispensing fee for the rest of the year. If not addressed now, the overpayment would have a knock-on effect on fees and allowances in 2003/04.

"The Department does not agree estimates are incorrect year on year. The Department forecasts changes in prescription volume in-year and revises these regularly to reflect the latest NHS prescription data returns."

A manifesto setting out six key proposals to put pharmacists at the centre of healthcare provision has been launched in Scotland. Speaking at a reception to mark the launch of the Royal Pharmaceutical Society in Scotland's manifesto, *Putting people at the heart of their own health*, RPSiS chairman David Thomson pointed out that 94 per cent of the country's population currently use a community pharmacy every year. Pharmacists working in communities and hospitals, and developing new services across Scotland were at the reception, allowing MSPs to speak with those at the front line of healthcare in Scotland and to discuss issues of importance to their constituents. Pharmacist and NE Scotland MSP David Davidson, left, and David Thomson, RPSiS chairman, discuss the pharmacy manifesto for Scotland

Steven Kayne

POLICY

European warning on PILs copies

A European pharmacy group has asked the UK Government to reconsider its plans for asking pharmacists to photocopy patient information leaflets.

The Pharmaceutical Group of the European Union's executive committee told health minister Lord Hunt that photocopying PILs will breach EU legislation and could endanger public health and safety.

The PGEU said the intention of Directive 2001/83/EC is for patients to receive a package containing both the medicine and the PIL. The committee is concerned about the legibility of photocopies and the fact that the photocopy is unlikely to be supplied inside the original pack, so is unlikely to remain with the medicine for reference. The risk of confusion would increase if pharmacists had to copy two or more PILS to cover several products on the same prescription.

Given the sheer volume and diversity of PILS, the proposals will also be unworkable in practice said the PGEU.

The letter supports the UK pharmacy bodies' position on PILs.

FINANCE

ESPS payments

PSNC has announced that the annual target for the 265 contractors in England and Wales in the Essential Small Pharmacy Scheme is increased in line with the global sum increase. The annual target payment for 2002/3 therefore becomes £41,800 compared with £40,350 in 2001/

The ESPS threshold for 2002/ becomes 24,360 items compared with 23,040 items in 2001/2.

The maximum monthly ESPS payment in 2002/3 is £2,990 compared with £2,900 in 2001/2

In order to make the back payment from April 2002, the maximum monthly payment will be increased to £3,760 for Januar 2003 only.

For more information:

www.psnc.org.uk

E-mail: *godfrey.horridge@psnc.org.uk*

Tel: 01296 438409.

Health minister David Lammy paid the NPA a visit at its St Albans headquarters last week to gain a first-hand view of the services the Association provides, and from this some insight into the issues currently faced by community pharmacists. Among the topics discussed were the *Drug Tariff*, malaria prophylaxis and the wide-ranging queries put by members. The education & training department discussed training in the workplace in pharmacy and skill mix. Pictured are Mr Lammy chatting to senior receptionist Jacqui Day who can field over 1,000 calls a day on the NPA switchboard

ADVICE

Smoking help on offer from the DoH

Pharmacists can order new resources from the Department of Health to help patients give up smoking.

Available free of charge, the *Need help giving up smoking?* leaflet promotes the help and support available via the NHS smoking helpline.

The smoking and pregnancy campaign has developed a 'partners' toolkit for health professionals to use.

This includes a series of fact sheets and samples of resource materials supporting the campaign, which can also be downloaded from the health professionals section of the website.

There are also resources available in Urdu, Punjabi, Hindi, Gujarati and Bengali languages.

For more information:

www.givingupsmoking.co.uk

Tel: 0800 1690 169.

POLICY

Pharmacy-based services are key to the future

Pharmacists should be available in the pharmacy at all times, the NPA says in its response to the Department of Health's discussion paper on pharmacy workforce *(C&D, October 5, p4)*.

The NPA believes that by having pharmacists on the premises this will assure patient safety and will retain the key strength of community pharmacy services – access to the pharmacist.

"We believe the [DoH pharmacy workforce] Paper significantly overplays the demand for off-site roles and does not give sufficient weight to the fact that the vast majority of the roles set in *Pharmacy in the Future* are based within the pharmacy," said the NPA.

"As part of the development of pharmacy staff, consideration should be given to whether all off-site roles do in fact need to be carried out by a pharmacist.

"The future development of community pharmacy lies with the implementation of pharmacy-based services, such as repeat dispensing, medicines management, supplementary prescribing, disease management, and prescribing for common ailments (or supply via PGDs).

"The profession must find a way to free up pharmacists' time to undertake these roles, but as they can all be undertaken in the pharmacy, there is no need for the pharmacist to leave the premises," the NPA said.

Repeat dispensing is an example of how pharmacists can free up their time but still undertake a pharmaceutical assessment, suggested the NPA.

The NPA suggests:

- the concept of a "skills escalator", which enables staff to move up as their skills develop, should be implemented. This should apply to pharmacists as well as staff, and should support pharmacists taking on new roles as existing roles are passed down
- many pharmacists are too involved in the dispensing process. As well as undertaking a clinical assessment of prescriptions, many also carry out an accuracy check at the end of the process, and some are even involved themselves in the assembly process
- the effects on pharmacists' workload of both the implementation of standard operating procedures for dispensing and the repeat dispensing model should be assessed before changing the interpretation of supervision of dispensing
- the Royal Pharmaceutical Society's view that the minimum training for support staff should be a full NVQ level 2 is impractical. It should, instead, be a qualification based on the knowledge base of an NVQ 2
- if no case can be made, on public safety grounds, for completion of the competency aspect of NVQ 2, then it would be unreasonable for the Government or the Society to impose such a requirement due to the costs involved in training
- it does not support the need for full regulatory machinery, including registration, code of conduct and disciplinary machinery, for all support staff. This is neither necessary, affordable nor acceptable. Registration is only necessary for support staff who have the right to undertake roles that cannot be discharged by unregistered persons
- funding to develop and train staff must be made available to community pharmacists, just as it is to other parts of the NHS.

For more information:

www.npa.co.uk

HEADONISTIC

CONTAINS IBUPROFEN FOR HEADACHES

ibuprofen

Product Information for Nurofen Recavery: Eoch toblet cantoins 200mg ibuprofen PhEur. **Indications:** For the relief of headaches ond migroine. **Dosage and Administration:** Ploce o toblet an the tongue, ollow it to dissolve ond then swollow; na woter required. Adults and Children over 12 yeors: Initiol dose 2 tablets, then if necessory 1 or 2 tablets every 4 hours. Do not exceed 6 toblets in ony 24 hours. Not for use by children under 12 yeors of oge. Elderly: No speciol dosoge modificatians are required, unless renal and hepotic function is impoired, in which cose dosoge should be assessed individuolly. **Contraindications:** Hypersensitivity to ony of the constituents, ospirin, or ather NSAIDs. Potients with existing, or o history of, peptic ulceratian. Patients with a history of bronchosposm, rhinitis, or urticorio ossocioted with aspirin or other NSAIDs. **Precautions and Warnings:** Coution is required in potients with renol, cordioc ond hepatic impairment. In potients with renol impairment, renol function should be monitored since it may deteriarate following the use of any NSAID. Bronchospsom moy be precipitoted in patients suffering from, or with a previaus history of, bronchiol osthmo or ollergic diseose. Patients taking any other poin reliever, regulor treotment ond pregnant women should only take Nurofen Recovery toblets after cansulting their doctor. The elderly ore ot inc risk of the consequences of odverse reactions. Undesiroble effects be minimised by using the minimum effective dose for the shortest possible durotion **Effects:** Hypersensitivity reoctions have been reported following treatment with ibu These moy consist of (o) non-specific ollergic reoction and onophyloxis, (b) respirotor reoctivity comprising of osthmo, oggrovoted osthmo, branchosposm or dyspnoeo, ossarted skin disorders, including roshes of vorious types, pruritus, urticorio, pu ongiodema ond, more rorely, bullaus dermotoses (including epidermol necrolys erythemo multiforme). Gostrointestinal – Abdominol poin, nauseo ond dysp Occosionolly peptic ulcer ond gostrointestinol bleeding. Renol – Popillory necrosis whi leod to renal foilure. Others – Hepotic dysfunction, headache, dizziness, heoring distur Rarely thrambocytopenio. **Product Licence Number:** PL 00327/0130. **Licence H** Craakes Healthcore Limited, Nottinghom NG2 3AA. **Legal Category:** GSL (up toblets), P (more thon 16 toblets). **Price:** £2.65 for 12 tablets. **Date af Preparatian:** November 2002.

CROOK HEALTI

NFN453

MEDICINES

MCA accused of 'incompetence'

The Medicines Control Agency has been accused of "serious incompetence" by the *Drug and Therapeutics Bulletin* over an advertisement for a new contraceptive.

Earlier this year the *DTB* said that Schering Health Care's claims for Yasmin were unjustified, misleading and should be withdrawn *(C&D, August 17, p.20)*.

The MCA had told Schering in June that their promotional claims for Yasmin were acceptable but, following the *DTB's* claims in August, the MCA started an investigation. The MCA does not release results of investigations so details of the case are not available but a spokesman said: "The advertising for the product has been withdrawn on a voluntary basis at the request of the MCA following a rigorous examination of the claims made." Schering confirmed that advertising for Yasmin was withdrawn in October.

The *DTB* also said that the Prescription Medicines Code of Practice Authority had concluded the advertising was "misleading" but a spokesman for the PMCPA was unable to comment on the case.

The *DTB* said that "the MCA's slowness and secrecy was wholly unacceptable", particularly since a huge amount of taxpayers money may have been inappropriately spent, possibly due to the exaggerated claims made by Schering.

Professor Joe Collier, editor of the *DTB* said: "The MCA's position is untenable and demands an inquiry. What's more, Schering should be required to send letters to prescribers and print a corrective advertisement. This is essential to ensure doctors and healthcare professionals are fully informed when advising women about contraception choices."

The *DTB* also said that the MCA did not keep in close contact with the PMCPA.

In response the MCA said that the allegations of incompetence, and the assertion that the MCA does not keep in contact with the PMCPA, are unmerited.

A spokesman for Schering said that, pending the outcome of an appeal, it would continue to support Yasmin and advertising would be part of that support. "We believe in the product and we stand by the claims we have made".

For more information:

www.which.net

Professor David Taylor and Sarah Carter of the School of Pharmacy, University of London, have raised £433 for Cancer Research UK following the launch of their research-based review *Realising the Promise: Community Pharmacy in the New NHS* last week. For every survey respondent, £1 was raised for the charity. The report, funded by a grant from Pharmacia, suggests that community pharmacists will be playing a central role in the NHS within 10 years. Copies of the report, which also identifies challenges to be overcome in modernising community pharmacy, are available from Sarah Carter (tel: 020 7753 5854) priced at £12

CymruCOMMENT

Pharmacy in Wales: proud to be a part of it

Cath O'Brien, secretary of the Welsh Executive for RPSGB, tells how she has entered this role at a crucial time for pharmacy

It's boom time in Wales. Cardiff is fast becoming one of the leading cities in Europe and the country as a whole is now a hot spot on the tourist map.

From a pharmacy perspective, I really don't think I could have taken on this role at a more interesting time. For healthcare professionals working in Wales today, everything is up for grabs. It is a time of opportunity, transition and for shaping the future.

We are in the middle of a huge NHS Wales reorganisation that is seeing pharmacists being appointed to new local health boards and being recognised for the skills and experience they can bring to the strategic overview.

It takes energy and commitment to make sure pharmacy is given a fair and informed hearing within a changing healthcare arena. What can the Welsh Executive bring to the table for pharmacists in Wales? Well, we see our role as threefold:

- **Constructively influencing health policy on behalf of all pharmacists in Wales.**

The long-awaited consultation on strategy, *Remedies for Success*, is now circulating. It has always been our aim to encourage discussion and collaboration on key national health policy issues. We have an excellent channel of communication with our colleagues in the Welsh Assembly and, thus far, we are enjoying a constructive and developing relationship.

Over the next year we will be continuing discussions on a range of topics, including pharmacy strategy, dispensing regulations, and clinical governance. Activity needs to be at local and national level, and we will be interacting with local decisionmakers too.

The Welsh Executive is developing a programme of activity with politicians and policymakers in Wales and we'll keep you posted of our developments through this column and other pages of *C&D*.

- **Encouraging consumers to visit pharmacies as the accessible Welsh primary healthcare resource.**

There is little point in setting up

pharmacists as a key source of health advice and treatment if consumers remain unaware of the range of services they can offer. In 2003 the Executive will dedicate a good proportion of its time in interacting with patient and voluntary sector groups, working with the national press in Wales and collaborating with UK consumer health campaigns to ensure patients in Wales are aware of the value of the local pharmacy.

- **Keeping pharmacists in Wales informed.**

Last, but by no means least, we are here to help develop the profession in Wales so pharmacists can best meet the healthcare needs of the public. We are currently developing a new website, dedicated to pharmacists in Wales (linked to *www.rpsgb.org.uk*) and hope eventually to make this a channel for exchange of opinions and developments in Wales.

Pharmacy groups, including the Society's branches and the Trust Chief Pharmacists' group are valuable networks for the Welsh Executive and it is important we strengthen our ties with them too.

In the short time I have been in place in the Welsh Executive I've been impressed by the level of activity and enthusiasm for pharmacy development in Wales. The Welsh Executive wants to work with pharmacists in Wales. We're interested in local activity and concerns and want to address some of the key issues through this column. So please e-mail me at *wales@rpsgb.org.uk*.

PATIENTS

Boots defends tests policy

Boots The Chemists has defended its policy of selling screening tests following criticism from the Consumers Association.

Health Which? called for Boots's cholesterol test to be immediately withdrawn from sale, claiming it was misleading and unreliable. In addition, it said the test was a waste of money, as cholesterol cannot be used in isolation to assess the risk of heart disease.

Boots, however, says it will not withdraw its tests from sale.

"While we are realistic about the limitations of screening kits, they can be useful if there is a history of certain conditions, such as cholesterol, and they can be used to help people who wish to closely monitor their own health.

"We have always made it clear these tests are not about providing a diagnosis, but they can be the first trigger to take action and visit your GP," said the company.

Health Which? looked at 11 kits obtained from pharmacies and the internet for six conditions – high cholesterol, bowel and prostate disorders, osteoporosis, diabetes and Alzheimer's disease. The magazine's medical experts declared that none were suitable for home use.

They wanted four kits – BodyWATCH'S osteoporosis risk assessment kit, HomeChec's early alert Alzheimer's home screening test, and both the Boots and BodyWATCH cholesterol tests - withdrawn from sale.

"Every kit examined had the potential to provide false reassurance to some and unnecessary concern to others, even though the manufacturers don't claim to be diagnosing specific diseases.

"No-one should use these tests instead of visiting their GP – only a qualified health professional should advise about appropriate tests and assess results," says *Health Which?*

But Boots says: "We think very carefully about every product we sell and these tests are no exception. Customers choosing to use the tests should follow the guidelines and can consult their Boots pharmacist if they have any queries or concerns."

WALES

WAMs discuss original pack dispensing

Original pack dispensing was the main item on the agenda at a meeting of Welsh Assembly Members organised by WAM and pharmacist Geraint Davies.

Assembly members, including health minister Jane Hutt, discussed the issue with representatives from the profession. Among the points made was that introducing patient pack dispensing for all prescribed medicines would reap benefits for patients and the NHS.

RPS in Wales chairman Andrea Robinson pointed out patient pack dispensing would support a patient-centred modern NHS in Wales. "The whole of the UK lags behind Europe in this aspect of dispensing... it is no longer an option for the safety of patients to be put at risk."

Andrea Robinson and Geraint Davies AM examining a dispensing robot

It was suggested that original pack dispensing as set out in European Directive 92/97 would:

- reduce errors and provide information
- improve medicines taking
- reduce hospital discharge times
- make better use of pharmacy staff time
- reduce waste in the NHS – current drugs wastage is estimated at £15 million a year in Wales.

The RPS Welsh Excutive is producing a series of briefing documents for politicians in Wales highlighting key issues relevant to pharmacy within the changing NHS. The first two discuss original pack dispensing and the value of automated dispensing.

Questiontime

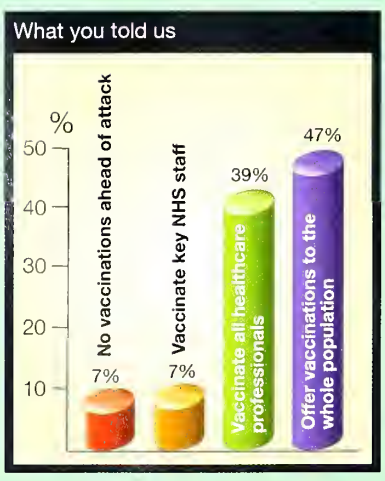
in association with UniChem

Last week we asked you: "Following the publication of the Department of Health's consultation on pre-emptive vaccination against smallpox, how do you think the Government should prepare for a potential bio-terrorism attack?" You replied (see right):

This week's question: Pharmacists will have to give up £4 million due to increased prescription numbers. Which do you think is the best way forward?

- Limit pharmacists' reimbursements
- Penalise doctors for wasteful prescribing
- The NHS should carry the cost
- The public should pay more
- Industry should reduce costs

You can record your vote on our website: *www.dotpharmacy.com*. You have until noon on December 17 to cast your vote. We will publish the results in *C&D*, December 21.



Make sure they're covered in the morning

When smokers are trying to quit, mornings can catch them unawares. Once they've been without nicotine for 6-8 hours, cravings can be intense and hard to resist, which is why many smokers get more cravings in the morning than the rest of the day. Indeed, two out of three smokers light up within 30 minutes of waking.

NiQuitin CQ patches provide nicotine continuously over a 24-hour period, reducing morning cravings compared with a 16-hour patch, for these heavily dependent smokers.[1]

Don't let increased morning cravings increase their risk of relapse. Recommend *NiQuitin CQ* 24-hour patch and help smokers quit from the word go.

Nicotine

The confidence of 24 hour protection

MARKETING

In-store advertising service for independents

The Pharmacy Media Company is launching the 'Pharmacy Channel', a digital point of purchase advertising service. The company has been given special permission by the Royal Pharmaceutical Society to use the word 'pharmacy' in this context.

A two and a half minute advertising loop will run on a strategically placed 70in flatscreen, which the company will install free. All the pharmacy needs to provide is electricity and a telephone connection.

The loop, which is envisaged to mainly carry 15-second adverts from brand manufacturers, can be updated remotely overnight as and when required.

Pharmacists signing up to the scheme will be given one free advert for their pharmacy in the loop, but would have to pay normal rates for any additional slots. The Pharmacy Channel will also pass a share of the advertising revenue, likely to be around 5 per cent, on to participating pharmacists.

The technology allows different advertising loops to be played at certain times of the day to tailor it to customers using the pharmacy at different times (Right Time and Place service).

Nainish Bapna, chief executive of the Pharmacy Media Company, said the scheme would not only enhance the look and feel of the pharmacy but would result in increased sales.

Tests carried out by the company in independent pharmacies in the USA, where the service s already being offered, are said to show an increase of between 65 and 180 per cent in the sale of the products advertised, while enquiries about other pharmacy services reportedly went up 250 per cent.

Other benefits are said to include a reduction in stock losses and increased stock turnover.

Mr Bapna counted the NPA and the RPSGB as well as several wholesalers and government departments among the company's potential partners, which could use the service to communicate with pharmacists outside working hours.

A similar initiative had been launched by B4BTV in September 2001 *(C&D September 1 2001, p11)*, but the company has since decided not to pursue the independent pharmacy sector further due to a "lukewarm response" from advertisers.

However, Mr Bapna was adamant that the timing was now right to make the Pharmacy Channel a success.

Alluding to the recent drive for more POM to P switches, Mr Bapna argued that "there has only recently been a push towards pushing healthcare cost onto the consumer. This has put the pressure on advertisers to promote their product".

The Pharmacy Channel will initially be offered to pharmacists in central London from January, with a roll-out to other parts of the country soon afterwards. The target is to have 750 sites up and running by the middle of 2003.

For more information:

www.pharmacychannnel.tv

E-mail: *kbv@pharmacychannel.tv*

Tel: 0207-0169722.

Sound and vision: the Pharmacy Channel should enhance sales

RETAILING

Retail controller for Numark

Numark Ltd has appointed Clive Stanley to the newly created position of retail controller. The role involves the development and operational co-ordination of Numark's joint ownership programme, identifying and acquiring suitable pharmacies for the scheme and setting them up.

Mr Stanley, a pharmacist himself previously with Boots, will provide business support and advice to pharmacists in the scheme.

Numark's joint ownership programme was launched in May *(C&D May 18, p4)*, aimed at getting young pharmacists into retail ownership. Seventy nine pharmacists are said to have expressed an interest, with 25 completed application forms returned so far. Applicants have tended to be pharmacy managers with three to 12 years' experience. The majority have worked either for one of the three main pharmacy chains or the grocers.

Meanwhile Numark has kick-started the acquisition process by making its first offer for a pharmacy – one in South Wales belonging to an existing Numark member where the locum wants to take over.

Clive Stanley

WHOLESALERS

First Gehe Health Centre in England opens

Gehe Health Centre Solutions has opened the first of its primary healthcare centres south of the border in Stretford, Manchester.

The Delamare Centre, which serves 15,000 local residents, houses seven GPs, district nurses, chiropodists, midwifes and a Lloydspharmacy branch. It also offers a baby and paediatric clinic in addition to regular GP consultations.

The centre was opened by the Mayor of the Borough of Trafford, Cllr Marie Harney. Gehe plans to open 50 such centres across the UK over the next four years and is investing £25 million in the scheme.

Pictured outside the centre are Iqbal Gill (left), Gehe HCS's UK development manager, and Bob Smaylen, Gehe HCS's property director.

Tackle Tiredness

kola nut

Yariba herbal tablets contain kola nut, a natural ingredient to help relieve temporary tiredness.

A natural way to revive your day

ARIBA Trademark and Product Licence held by Diomed Herbals, Hitchin, Herts, SG4 7QR, UK. Distributed by DDD Ltd, 94 Rickmansworth Road, Watford, Herts, WD18 7JJ, UK. irections: Take one or two tablets three times a day. Not recommended for children under 14. **Indications:** A traditional herbal remedy used as a pick-me-up in temporary redness. **Contra-indications:** Not to be used in cases of sensitivity to any of the ingredients. Not to be used during pregnancy or lactation. **Precautions:** Keep out of the reach and ght of children. **Legal Category:** GSL **Packs:** Yariba (PL 17418/0012) - 50 tablets, RSP £4.95 (£4.21 exc. VAT).

MULTIPLES

Boots has a new way of counting customers

Customers at 29 of Boots The Chemists' flagship stores are now being counted using an infrared system developed by retail analysts Solution Products Systems Ltd.

The SPSL system, which is installed at the doors and detects customers' body heat, allows Boots to reliably measure customer traffic on an ongoing hour by hour basis. This information can then be matched to sales data.

SPLS said that this would provide Boots with an in depth understanding of staff scheduling and customer-facing activity throughout the working day or week. It could also assist the pharmacy multiple with evaluating the impact of its marketing initiatives. The system claims to have an accuracy rate of more than 95 per cent.

Stores brought online so far include Meadowhall (Sheffield), Manchester's Arndale Centre and Trafford Centre, Oxford Street and Brompton Road in central London as well as stores in Reading, Nottingham and Brent Cross. An evaluation of the system's success is due to take place next year.

Meanwhile Boots is proposing to form a new holding company in an attempt to 'tidy up' its investment and tax involvement and 'improve transparency'. A spokesman explained that for tax purposes the investment vehicle should ideally be different from the trading arm.

The new company, to be called Boots Group Plc, would sit above the current holding company (Boots Company Plc) and its trading subsidiaries Boots The Chemists, Boots Retail International and Boots Healthcare International.

The proposals will be put before shareholders at two meetings over the next two months. If accepted, Boots Company plc shares would be exchanged for shares in the new holding company on a one for one basis.

The hard work by staff at the 'People's Pharmacy' has evidently paid off as the Chelmsford-based pharmacy gained official recognition as an Investor in People. Pictured from the left are: Wendy Cheng (pharmacist manager), Lynda Amos, Elaine Chong, Anthony Chong, Jacqueline Goodwin, Amanda MacKenzie, who is being sponsored by the pharmacy to do her MPharm degree at King's College, London, and Rhona Beadle

IT

Accounting with Eclipse

Pharmacists using Hadley Healthcare's Eclipse PMR system will soon be able to manage the billing of products supplied on account through it.

Hadley has developed an accounts module for Eclipse, which allows for items to be charged to customer accounts either by manually adding them to an invoice or as part of the normal dispensing process.

An automatic pop-up warning appears whenever an optional pre-set credit limit has been reached.

Michele Hulme, Hadley Healthcare's sales director, said the new feature had been developed in response to customer requests and she was "confident that this latest development will exceed their expectations".

The accounts module will be included with all new Eclipse systems from late January. Existing users of the PMR system will automatically be upgraded over the first few months of 2003.

NHS

Broadband plans for community pharmacy on hold

Broadband networking plans for the NHS will exclude community pharmacists, it was confirmed this week by David Lammy, the health minister.

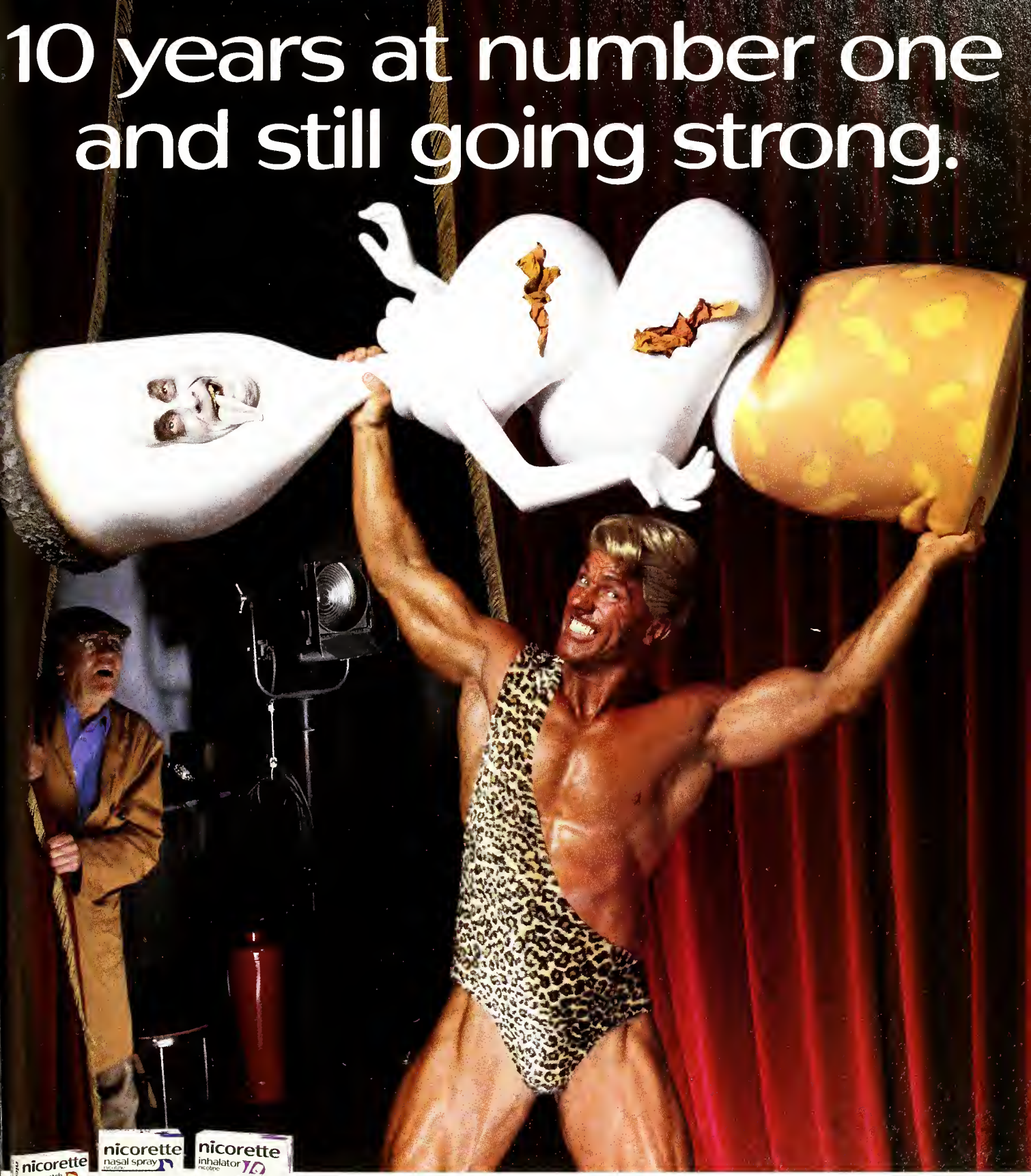
He told South Derbyshire MP Mark Todd: "There are no specific plans to provide broadband connectivity to pharmacies."

Hospital pharmacies will have access to the broadband networking arrangements for hospitals. Community pharmacists are part of the NHS family, he said, but do not make use of the national NHS network, apart from those taking part in the electronic transfer of prescriptions pilots.

It is expected the trials for GPs and NHS trusts of broadband networking will grow and involve a "sizeable" number of GPs and pharmacists with a natural migration into rollout, he added. He said this project would create greater connectivity to NHSnet for pharmacists, allowing access to the benefits the service provided.

"We will review the need for broadband access to pharmacists as the strategy develops," he added.

10 years at number one and still going strong.



It's no wonder Nicorette is still the number one selling Nicotine Replacement Therapy brand[1].

As inventors of the category, Nicorette offer the products, support and customer promotions responsible for driving growth in the NRT market for the past 10 years. What's more, Nicorette has helped more smokers beat cigarettes than any other NRT brand[1].

So to see your sales go from strength to strength, make sure you have the complete range to suit every smoker in stock today.

nicorette®
nicotine

twice the chance of success*

*Compared to willpower alone

P/3497/09/02

Comment from the Editor

The Department of Health has offered its annual dose of festive cheer this week with notice that it intends to remove threshold payments to contractors in England and Wales for the first three months of next year *(see p4)*. This is its method of recovering the £4 million that pharmacists earned in the last financial year, and which under the global sum system is now "owed". Since the amount contractors receive from threshold payments depends on the prescribing habits of local GPs, this is an inequitable solution. Quite why PSNC decided to go along with it is unclear. The DoH view is that this element of remuneration is inappropriate, and this could well be a precursor for doing away with it altogether.

On a more positive note, a clear consensus is emerging on elements of the skill mix discussion paper put out by the DoH's chief pharmacist. Both PSNC, and this week the NPA, have come out in favour of the evolution of services based on the pharmacist being in the pharmacy. PSNC cites patient safety, convenience and the most effective use of pharmacist resources. The NPA adds that the likely demand for off-site roles is "significantly overplayed". Having addressed this key point, the thorniest questions about supervision fall off the agenda.

There is general acknowledgement that greater delegation to dispensing staff is needed. The presumption here is that proprietors can afford to employ them. It is lack of resources that keeps many pharmacists too involved in the dispensing process, not the current interpretation of the supervision requirements. Like PSNC, the NPA opposes a minimum standard of training for dispensing staff based on an NVQ2. It is costly, and there is no case for imposing such a requirement.

The deadline for responses is the end of December, but with the OFT due to deliver its findings next week on accessibility to pharmacy services, other factors are likely to shoot to the top of the agenda in the short term.

It is lack of resources that keeps many pharmacists too involved in the dispensing process

Yourviews

Ian Shepherd, the RPSGB's head of information management strategy asks:

Is ETP here to stay?

As we approach the end of the evaluation of the three ETP pilots, we ask ourselves the inevitable question – what now?

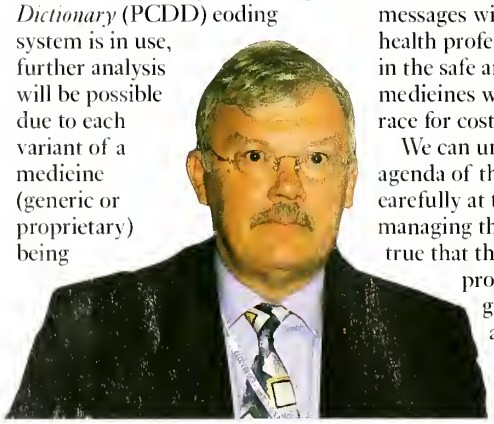
The pilots were announced by Lord Hunt in September 2000 and he referred to a list of benefits for stakeholders including fewer errors in transcribing prescriptions, more convenience for patients, opportunities for pharmacy to update IT and reductions in prescription fraud.

In the light of experiences during the pilots, which benefits will be delivered? Has the focus of the project now moved on? I would suggest that all along the major benefit will be to the Government in reducing the cost of processing 600 million plus prescriptions for pharmacy contractor repayments and the associated costs.

The very fact of having most prescription and dispensing data directly from GPs and pharmacists electronically, offers opportunities for analysis and reporting hitherto only possible at a significant cost.

It might, in future, be possible to analyse by individual or cohort of patients, since there is no technical reason why specific patient data should not be captured.

Once the *Primary Care Drug Dictionary* (PCDD) coding system is in use, further analysis will be possible due to each variant of a medicine (generic or proprietary) being uniquely coded and related.



So, is ETP about taking pharmacy practice, patient service and safety forward, or is it about computerising a supply process which is perceived by some as expensive and in need of modernisation?

I hope that opportunities to enrich the electronic prescription messages with information to help health professionals advise patients in the safe and proper use of their medicines will not be lost in the race for cost savings.

We can understand the true agenda of the project by looking carefully at those agencies managing the pilots. Whilst it is true that there has been a professional advisory group (pharmacists and GPs – no patients) involved from the very beginning of the project, all major decisions have been made within the management board, which comprises only civil servants and NHS personnel.

We now learn that the newly formed programme board, constituted to manage ETP from here on, consists of personnel drawn similarly from inside the NHS and DoH – the professions are to be invited to join "in due course". I would argue that this project is fundamentally about the services of prescribing and dispensing of medicines in primary care and as such should be led by the two professions who know about and are charged with delivering these services – GPs and pharmacists. After all, the rationale of the project was about patient convenience, patient safety and quality of service– quite a long way from a PPA-led project to save money when processing and analysing medicine costs.

BlackBAG

The devil's brew

Galway is a wonderful small town on the west coast of Ireland. If you walk down the main street with too much falling-down-water on board you will end up in the Atlantic ocean and the next stop is the United States, now home to more Irish people than Ireland.

Such was the devastation of the potato famine, actually a manifestation of Britain's export of all other home-grown Irish food to the 'mainland', the population plummeted and only this year has it reached pre-famine levels.

When I spoke to a meeting of Galway pharmacists recently, there was no shortage of food and a serious presence of a black beer once given out free on hospital wards to combat anaemia, until a pharmacist discovered there wasn't a single milligram of iron in it.

The ensuing withdrawal had a greater impact on the junior doctors, who used it to supplement their drinking habits, than the patients. While the sister was on holiday, I once replaced sleeping tablets for a whole ward of elderly men with a couple of bottles of stout in the evening. They met in the centre of the ward, supped together, laughed and then slept like babes. On her return, normal service was resumed despite the efficacy of the treatment, zero cost and welcome break with routine.

I once replaced sleeping tablets for a whole ward of elderly men with a couple of bottles of stout

Alcohol is indeed a dangerous drug but it has its uses. We once prescribed brandy for heart conditions and its therapeutic value was probably debateable, but I suspect it was scrapped less for this reason than that it was too pleasant. Medicine should look and taste nasty – preferably screwing your face up until your lower lip touches your forelock.

Funny how we treat 'dropsy' with foxglove extract, digitalis. Obviously a case for 'falling-down-water' if ever there was one.

Dr Ian Banks is a GP practising in Northern Ireland

TOPICAL REFLECTIONS

I travel, but will I ever arrive?

Christmas is supposed to be the time of good cheer, but last week's *C&D* hardly reflected the season! Heavyweight political considerations dominate the current thinking of a profession concerned that it might be going nowhere.

Steven Axon, past secretary-general of PSNC, gave his personal views and suggested that the Department of Health's agenda may well be to divorce the pharmacist from the dispensing role. To some this would have catastrophic consequences for the pharmacy, with new role training an essential requirement of professional survival. But in my pharmacy I already do very little actual dispensing.

My role has developed beyond dispensing to interacting at the patient/drug interface. My two highly competent technicians work to agreed protocols and produce a consistency of work I could never achieve by myself. I still work in the dispensary when needed, but to me the 'professional check', as my hospital colleagues now refer to my role, dominates my working time.

Many years ago a wise friend pacified one of my frequent bouts of frustration by advising "evolution not revolution". In those days I rarely spoke to a patient. I was proud of my ability to speedily and accurately produce a prescription. Pharmacy was all about presentation, and I was an expert in this art.

But in my heart I knew those days were numbered. The frustration lay in not knowing how I would be practising in the future. Now I know, but it has taken many years to reach that point and still I am frustrated! I would like to see my future and move towards a predetermined goal but I know this will never happen. Pharmacy will evolve and flourish. I will never reach that peak of professional satisfaction any more than the young pharmacists who currently demonstrate such impatience. Perhaps that is as it should be.

If you pay peanuts...

When patient exemption checks were first introduced, the DoH introduced an incentive scheme for pharmacists to notify the authorities of suspected fraud. The poor reward was only matched by the complexity of the paperwork and few pharmacists became involved.

Now Jim Gee, director of the NHS Counter Fraud Service, has announced an increase in the fee from £10 to £70 with simpler administration *(C&D December 7, p6)*. Whether this will produce better co-operation remains to be seen but it does show that an important lesson has been learnt.

With few pharmacists interested, the fee had to be raised. Extend this principle to *'Pharmacy in the Future'* roles, and a similar display of unanimity could produce realistic offers of remuneration.

When product does not live up to expectations

Sheila Kelly, director of the Proprietary Association of Great Britain, unequivocally supports the role of the community pharmacist *(C&D December 7,p11)*. However, in doing so she exposes the conflicts that exist between the strategies of the pharmaceutical industry and community pharmacists who should be its most avid supporters.

Yes, the evidence suggests that given the right information, the public are happy to consult a pharmacist. The problem is the ingenious smokescreen used by the advertising industry to promote many OTC medicines. This is particularly true of the cold and flu sector where, if informed people were to consult their pharmacist, so much money could be saved by the NHS. The public demand advertised products and refuse to accept that others, half the price, may be equally as effective. The high price and hyped claims then produce dissatisfaction and encourage the sufferer next time around to seek medical rather than pharmaceutical help.

I thank Sheila Kelly for supporting me but she could increase my effectiveness by persuading some of her industry colleagues to restrict their product ranges to those that are therapeutically effective and only make claims which can be demonstrably delivered.

Don't let chance c counter

Xmas survival

Rennie, Redoxon, ProPlus, Berocca, Sanatogen, Gold A-Z, Supradyn

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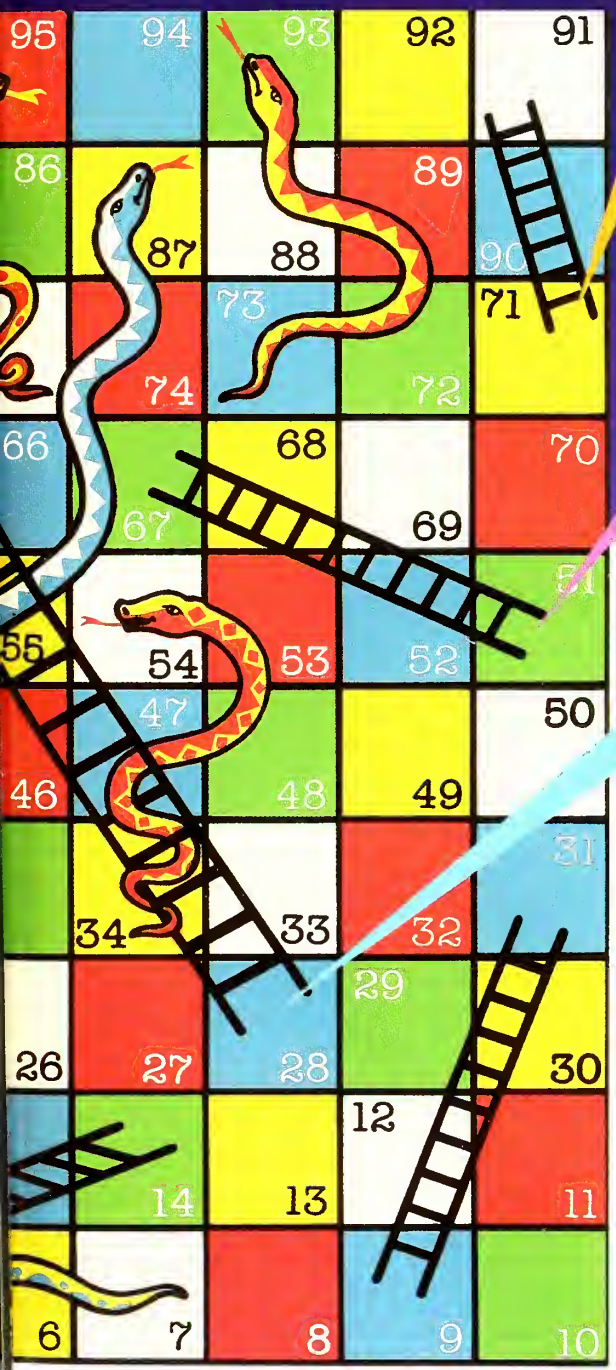

Even Santa needs a little helping hand from Supradyn Recharge!

I can't get through Xmas without a bit of help from Pro-Plus!

The Pharmacy had plenty of stock of the new Rennie Soft Chews

relieves tiredness

PRO PLUS

FAST ACTING

feel more awake 24

ks from Roche

ennie Deflatine are registered trademarks Always read the label

STATUTORY COMMITTEE

Absent pharmacist to be struck off

A pharmacist who left unqualified staff to dispense Prescription Only Medicines to the public was ordered to be struck off on November 20.

Rabinder Thind, of Hornchurch, Essex, who runs Christchurch Pharmacy, in Braintree, and is owner of another pharmacy at 102-104 Lacey Street, Ipswich, allegedly left the Braintree pharmacy to be run by pharmacy assistant Sarah Latham on 37 days between January and April 2000.

Mrs Thind denied misconduct allegations before the RPSGB's Statutory Committee, insisting she only left her shop for a maximum of 30 minutes at a time to compose herself, as the stresses of her personal problems piled up.

But Committee chairman, Lord Fraser of Carmyllie QC, said: "It's very clear to us that there were whole days and mornings when Miss Latham was dispensing and selling pharmacy-only medication whilst not qualified.

"The duty of Mrs Thind was that she knew or ought to have known she was to be there for the whole time or to arrange cover or to have the pharmacy closed."

Mrs Thind claimed she was still reeling with anxiety and depression following the sudden death of her brother from a heart attack in December 1999.

The whistle was blown by Miss Latham who telephoned the Society on September 11, 2000, anxious about her status and the legal position of her supplying POMs while unqualified.

Inspectors discovered around 4,000 prescriptions a month were dispensed alone from the Braintree shop between January and April 2000 by unqualified staff.

It was also discovered there were an additional six days at the Braintree branch when a qualified pharmacist was hardly present.

Geoffrey Hudson, for the Society, revealed Mrs Thind had been before the Committee on a previous occasion in July 1999 under similar circumstances.

She was reprimanded then for knowingly leaving her pharmacy at 62-66 Woodbridge Road, Ipswich, to be run under a company name which had been struck off in 1995.

Announcing the Committee's decision, Lord Fraser said: "We accept that intellectually Mrs Thind is a very capable person, but such has been her departure from the standards as the law requires and as the Society upholds, we have no option against the background of a previous reprimand but to direct that her name be removed from the Register."

Mrs Thind has three months to appeal against the decision.

STATUTORY COMMITTEE

Falling behind on CD register earns reprimand

A pharmacist who hadn't made an entry in his Controlled Drugs register for over a year was prompted by a Scotland Yard visit to fill in the gaps in a night, a disciplinary inquiry heard on November 20.

Rajnikant Jashbhai Patel, who lives above his pharmacy, Rains Chemist in Hither Green, London, fell so far behind in making contemporaneous entries in his register, he found himself at a loss of £3,690, the RPSGB Statutory Committee was told.

He had also issued medication from prescriptions that had been inadequately filled out by doctors, lacking either dosage or form of medication.

"I did realise I was making a mistake, I kept telling myself that I should bring it up to date but there were circumstances that prevented me from doing that. When the inspector did come in May 2001 I realised I had made a gross error," Mr Patel told the Society's Statutory Committee.

The pharmacist was the target of a random visit by a Scotland Yard controlled drugs inspector, David Kirkpatrick, on May 14 last year. Mr Kirkpatrick was told the register was not on the premises - that in itself a criminal offence - and returned the following day to find many of the entries had been made overnight.

Mr Patel handed over 137 prescriptions, with the register, dating back to March 2000, which had not been entered and when the inspector, referring to 38 entries, asked him: "I suppose you were up all night filling these in?" he replied: "Yes."

At Greenwich Magistrates Court on July 13 last year, Mr Patel was fined £1,050 for six counts of contravening the Misuse of Drugs Act. He admitted a further 205 offences which were taken into consideration.

Mr Patel explained that as he had not entered the prescriptions in the drugs book, he could not apply for payment from the Prescriptions Pricing Authority and had lost a further £2,640. He said his problems began due to an illness in the family.

"During the time of my father's [hospital] admission I did not find the time. Once I missed some, it became increasingly difficult to find time to put the prescription invoices in order," he explained.

Things escalated with staffing problems, which he has now rectified and currently any inappropriately filled in prescriptions are sent back to prescribing doctors.

He described Mr Kirkpatrick's visit as a "blessing in disguise" and said he will be taking instructions as to whether he can get payment from the PPA.

Mr Patel was given a reprimand by the Committee who ordered that being a pharmacist must be his priority.

Committee chairman Lord Fraser of Carmyllie, QC, added: "It would seem to us Mr Patel has been in danger of making himself too busy and we hope that if we reprimand him today that will be the end of it."

STATUTORY COMMITTEE

Restoration bid for false insurance certificate not granted

A "dishonest, disrespectful and contentious" pharmacist who was struck off after he submitted a fake professional indemnity insurance certificate to his professional body, failed in his attempt to be restored on November 20.

Chhaganbhai Mistry, of Hampstead, London, has been struck off the Register for two years and eight months after he was found guilty of misconduct by the RPSGB's Statutory Committee and his subsequent appeal was dismissed.

The then Committee chairman, Gary Flather QC, directed that his submission of the fake certificate alone with the admitted intention to deceive the Society was enough for him to be struck off.

However, in the event Mr Mistry, who practised at the House of Mistry Pharmacy, South End Road, also had his name erased for failing to notify the Society about a change of ownership, and incorrect dispensing.

At the hearing on May 20, 1999, he was also reprimanded for selling a woman a nail file to smooth her tooth which she had complained had been hurting her tongue.

Reading from the previous hearing's judgement, chair of the Committee, Lord Fraser of Carmyllie, QC, said: "When Mr Mistry was cross-examined he somewhat reluctantly and ambivalently admitted that what he had done was dishonest and was done with the intention to deceive the Society."

Last month, Mr Mistry told the Committee: "What has happened in the past I have reflected upon. I now know my limitations."

But Lord Fraser told him: "I am bound to say in such a case, before we could contemplate restoration we would have to be very, very confident indeed of your recognition of the supervising role that the Society discharges in the public interest and so far as I can see you haven't shown that – to the contrary, all you have said is that the Committee got it wrong last time."

Ple@se e-mail your views to chemdrug@cmpinformation.com

Branded generics have potential to undo two decades of progress

Responding to your article on Discovery *(C&D November 9, p37)*, I would like to stress that encouraging the widespread use of branded generics would potentially undo the progress that has been made in the UK over the past two decades and would quite quickly lead to an increased drugs bill with no added value in return.

Prescribing and dispensing generically has led to a situation where generics make up 52 per cent of medicines dispensed in the NHS at a cost of only 18 per cent of the total drugs bill.

This has been achieved as a result of partnership between the generics industry, pharmacy and general practice and has been based on a system of open competition and incentives.

The incentive to the GP is to make savings on the drugs bill and the incentive to the pharmacist is to make a saving on the drug tariff.

The saving that the GP makes on the drugs bill then allows more money to be spent in other areas – including on higher priced newer innovative products.

The saving that pharmacy makes allows money to be used to provide other pharmacy services, or, in the case of some small independent pharmacies, ensure that they continue to exist!

Branded generics would effectively destroy this system that has led to the UK having the lowest priced generics in Europe.

Incentives to pharmacy would be removed and while for some products the gap between tariff and selling price is probably too high – as evidenced by the appearance of opportunists like Discovery – it is these incentives that have driven down the drugs bill in the UK.

As the Department of Health considers what system to bring in to replace the current Maximum Price Scheme it needs to ensure that the market is free for generics manufacturers to move prices freely across their full portfolio of products, ensure that the reimbursement price is linked to the price that manufacturers charge but, importantly, ensure that pharmacy is allowed to make a margin on generics as it is that margin, or the incentive to make a margin, that has driven the system.

John Beighton
General manager APS Berk and chairman of the British Generic Manufacturer's Association

Branch members need guidelines for maintaining locum lists

I must respond to Amanda King's statement *(C&D, November 16, p37)* that maintaining locum lists has never been a "core role for the Society's branch network".

In these days of increasing apathy at branch level this is of great concern to me and, I think, to a great many other members.

We will all be interested to learn what the key roles are and how they figure in reinvigorating the branches.

With her knowledge of the Data Protection Act, surely it should be a simple task for Ms King to prepare guidelines that could be circulated to branches to enable them to comply with the Act while carrying out this task?

Surely, no prospective employer should assume that, because a name is on a locum list, the person will be both currently on the Register and a paragon of virtue.

Annette Morant MRPharmS
Edgware, Middlesex


5ml=1/8
or child's
-5ml=1/4
For very dry
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sed. Add to bath
water. Generally, 2-3
baths should be taken
weekly. For bab
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It's important
to have the right food.
Balneum is the only range of emollients to use soya oil, which contains unsaturated fatty acids similar to those found in
normal healthy skin, but often missing from dry skin. So, by giving your patients Balneum,
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Continuing her body basics series, *Fawz Farhan* looks at two major sensory organs

Ear, nose and throat

THE COLLEGE OF PHARMACY PRACTICE
This course (module 1256), in association with multiple choice questions being published in C&D January 11, provides one hour's continuing education

Objectives

- To revise the structure of the ear, nose and throat
- To understand how hearing takes place
- To understand the mechanisms of balance
- To understand the functions of the nose
- To be aware of what can go wrong

The ear, nose and throat are closely connected and are usually studied together in medicine. The nose and throat (pharynx) have been looked at already in previous articles in this series (respiratory and digestive systems) but will be revisited from a different perspective here.

Ear

The ear is a sensory organ that controls both hearing and balance. The ear is divided into three main sections:

- the outer ear
- the middle ear
- the inner ear

Outer ear

The outer ear consists of the visible outer projection and the canal. The outer projection is called the pinna or auricle and its function is to direct sound waves into the canal. In animals, this function is more refined and the pinna can move more freely to pick up sounds.

The external auditory canal, or meatus, is about 2.5cm long. The skin lining the tube is thin and in the first portion contains ceruminous glands, specialised sweat glands that secrete cerumen or wax. Wax can become dry and impacted and can dampen down hearing. Wax softening agents may relieve this; if not a doctor will "syringe" the ears with warm water to soften the impacted wax and flush it out.

The canal lining can be affected by other skin disorders such as atopic dermatitis, boils and other infections.

At the end of the canal is the eardrum or tympanic membrane, which acts as a boundary between the external auditory canal and the middle ear cavity. The eardrum vibrates freely to sound waves and transmits them to the middle ear.

John Bavosi/Science Photo Library

A diagrammatic cross section of the head, showing connections between the ear, nose and throat. The ear, nose and throat are closely connected and are usually studied together in medicine. Problems in one area can lead to problems in a neighbouring area. Ear, nose and throat complaints are among the most common childhood ailments

Middle ear

The middle ear is a small, flat cavity that contains the ossicles. The ossicles are three small, interconnected bones called the malleus, incus and stapes. The malleus is attached to the tympanic membrane while the stapes is connected to a membrane that covers the oval window of the inner ear. These bones work together to amplify the sound waves received by the tympanic drum and then transmit them to the fluid in the inner ear.

Protruding out of the middle ear is the Eustachian tube, which leads to the back of the nose and throat (pharynx). This tube opens up to equalise pressure on both sides of the tympanic membrane. It has a valve that can be forced open consciously when one swallows hard, yawns or blows hard while shutting the nose and

Continued on page 22 ▶

mouth; these techniques are usually practised when ears become blocked in aeroplanes or at high altitude.

Because the middle ear is open to the throat, pathogens can move freely from one to the other and can result in ear infections.

Inner ear

The inner ear is the site of hearing and equilibrium. It consists of the bony labyrinth: three separate, hollow, maze-like areas in the temporal bone of the skull containing a fluid called the perilymph. The inner lining of the bony labyrinth is the membranous labyrinth and this is filled with another fluid called endolymph. These fluids move to sound waves and are necessary for the sensory functions of the inner ear.

The three areas of the labyrinth are:

- the vestible: found next to the oval window and composed of two chambers
- the semicircular canals: found at the back of the inner ear, they appear as three protruding bony tubes
- the cochlea: shell-like structure located at the front of the inner ear

Hearing

The organ of Corti is the organ of hearing and is found inside the membraneous cochlea (also called the cochlear duct). The organ is lined with ciliated receptor cells.

Sound waves, which have been amplified by the tympanic membrane and the ossicles, travel through the perilymph in the inner ear and around the upper and lower chambers of the cochlea (the vestibular duct and the tympanic duct respectively).

These sound waves then initiate vibrations in the endolymph of the membranous duct and stimulate the ciliated receptor cells, which send nerve impulses via the cochlear nerve (also called the auditory or acoustic nerve) to the brain.

Sound waves eventually leave the bony labyrinth through a membrane-covered space called the round window.

Equilibrium

Sensory receptors involved in equilibrium are found in the vestibule and semicircular canals, collectively called the vestibular apparatus.

The receptors for static equilibrium are located in the vestibule; these work by sensing the position of the head or body when moving in a straight line.

Hearing loss in the elderly is a gradual process that involves atrophy of the sensory receptors and nerve fibres of the cochlea. High-pitched sounds are affected first and speaking in clear, low-pitched tones can therefore help

The receptors for dynamic equilibrium are in the bases of the semicircular canals; these sense spinning and non-linear movement.

The receptors of equilibrium, like those for hearing, are ciliated and generate an impulse when moved by the surrounding fluid.

The nerve impulse is carried via the vestibular nerve, which joins the cochlear nerve to form the vestibulocochlear nerve. The brain combines this information together with information it receives from the eyes to initiate reflex postural adjustments to maintain balance.

Disorders

Otitis media

Otitis media is a common infection that can result from measles, flu and other infections of the pharynx. It is most common in children because the Eustachian tube is short and horizontal instead of being longer and slanted down towards the pharynx, as in adults. Treatment is usually with antibiotics but drainage and surgery may be necessary.

Conductive hearing loss

This is due to interference of the passage of sound through the various structures of the ear. It can be caused by impacted wax or by blockage of the Eustachian tube, which builds up pressure in the ear and prevents the tympanic membrane from vibrating.

Damage to the tympanic membrane and ossicles can also lead to hearing impairment or loss. This can be caused by injury, chronic otitis media or from otosclerosis, a hereditary disease that affects the stapes. Surgery and replacement of the damaged bone can help restore hearing in some cases.

Sensorineural hearing loss

This involves the cochlea, the vestibular nerve or parts of the brain that are involved in hearing. Damage to these structures can be caused by prolonged exposure to loud noises, ototoxic drugs, infections or toxins.

Presbycusis

This refers to age-related hearing loss. It is a gradual process that involves atrophy of the sensory receptors and nerve fibres of the cochlea. Such hearing loss and impairment affects high-pitched sounds first so speaking in clear, low-pitched tones will help.

Meniere's syndrome

This is characterised by dizziness, nausea and vomiting and is caused by an accumulation of endolymph which leads to impaired vestibular function. The cochlea may also be affected, leading to tinnitus (ringing of the ears) and hearing loss.

Vertigo

This produces a sensation of falling, nausea and dizziness when looking down from high places. It is thought to be caused by a mismatch of vestibular, visual and other sensory signals.

Motion sickness

This has a similar cause to vertigo and is initiated by physical movement that stimulates the vestibular nerve. Another contributory factor is the mismatch of visual signals between the stationary objects inside the boat or car and the moving scenery. Focusing on the horizon or another stationary object outside can help with the symptoms.

Nose

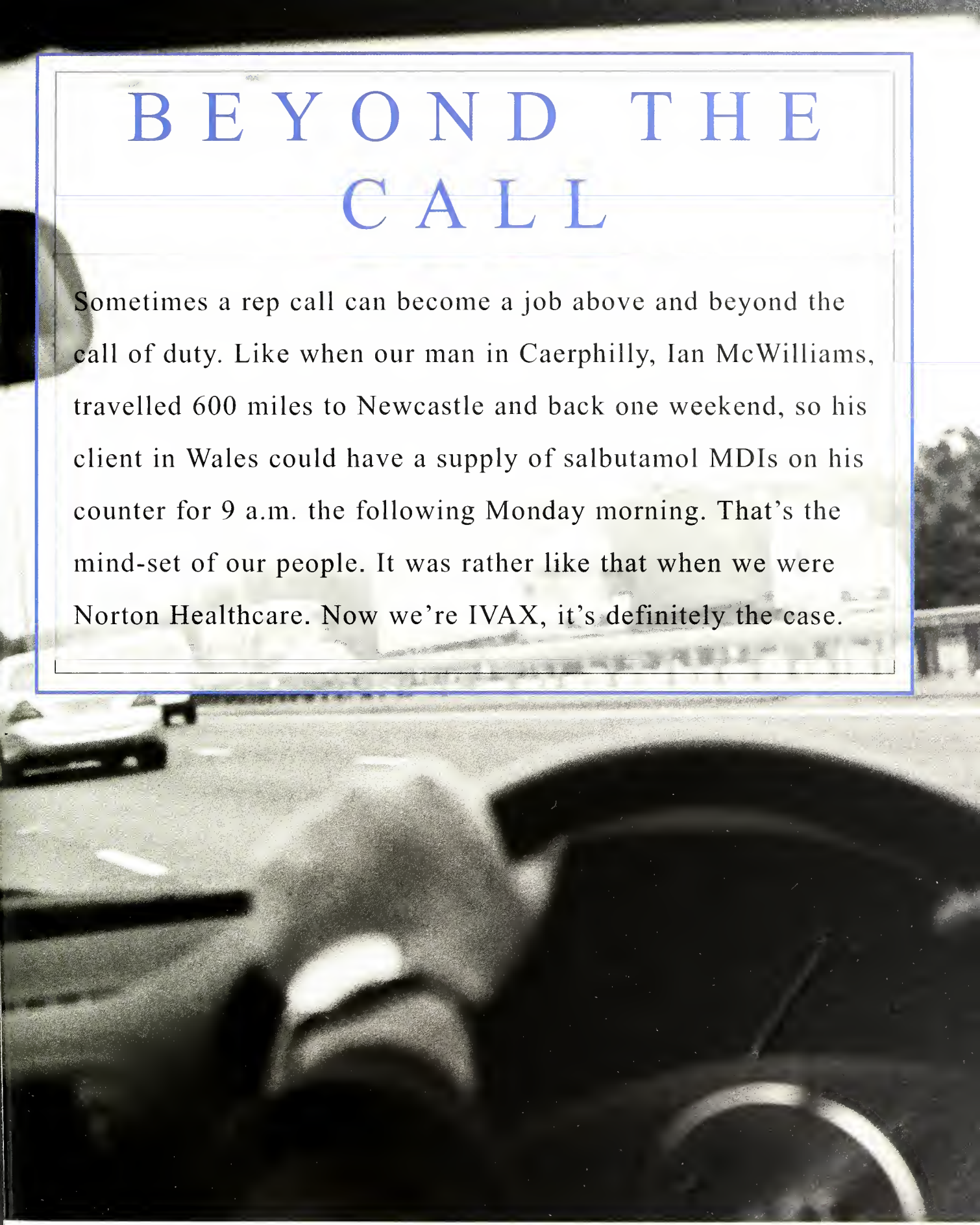
The nose performs two functions. It is the first part of the respiratory tract, which draws air in from the atmosphere into the respiratory airways and lungs *(see Physiology - respiratory system, C&D, February 9, 2002, p19-22)*. Its second function is to control the sense of smell.

The nose is made of cartilage and bone and has two openings called the nares (or nostrils), which lead into the nasal cavity. The nasal cavity is divided vertically by a cartilaginous septum and is bordered by the cranium at the top and the palate at the bottom, separating it from the oral cavity. The palate is hard at the front and is soft towards the back of the nasal cavity.

Continued on page 24 ▶

BEYOND THE CALL

Sometimes a rep call can become a job above and beyond the call of duty. Like when our man in Caerphilly, Ian McWilliams, travelled 600 miles to Newcastle and back one weekend, so his client in Wales could have a supply of salbutamol MDIs on his counter for 9 a.m. the following Monday morning. That's the mind-set of our people. It was rather like that when we were Norton Healthcare. Now we're IVAX, it's definitely the case.



IVAX

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At the back of the nasal cavity and throat, two openings lead to the Eustachian tubes from each ear. Attached to the nasal cavity are the paranasal sinuses.

Excess tears can drain out into the nose through connecting ducts found in the inner corner of the eye.

Olfactory functions

The sense of smell serves an important physiological function. It allows the detection of harmful substances such as poisonous gases and infected food. It is also closely involved with memory, sexual behaviour and other psychological responses. Smell is closely related to taste so also has a role in stimulating appetite and the flow of digestive juices.

The sensory receptors that detect smell are located in the olfactory epithelium in the upper bony plates of the nasal cavity. These receptors detect chemicals once they are dissolved in the fluids lining the nose. The act of sniffing helps to draw these chemicals high into the nasal cavity.

Once the receptors are stimulated, the olfactory nerve carries an impulse to the olfactory centre in the temporal cortex of the brain. The brain interprets smell and taste in a similar way although a greater variety of dissolved chemicals can be detected by smell than by taste.

The olfactory receptors deteriorate with age and can be affected by smoking. This means food becomes less appealing, an important consideration when caring for the elderly and counselling smokers who want to quit.

Disorders

Rhinitis

Rhinitis can be due to allergy, infection or vasomotor disorders and is characterised by runny nose and watery eyes, which can lead to congestion and blockage of the Eustachian tubes. This can result in hearing difficulties.

Vasomotor rhinitis is caused by dilation of the nasal mucosa blood vessels as a result of sympathetic nervous system underactivity or parasympathetic nervous system overactivity.

Sinusitis

Inflammation of the paranasal sinuses can be caused by respiratory and sometimes dental infections or by physical abnormalities. It is characterised by obstruction and rhinorrhoea, headache and pain under the eyes and in the jaws.

Smoking can affect olfactory receptors, leading to food becoming less appealing. It can also cause chronic laryngitis

Throat

The throat or pharynx extends from the mouth (oropharynx), up towards the nasal cavity (nasopharynx) and down towards the larynx (laryngeal pharynx). The soft palate separates the back of the nasal cavity from the oral cavity and the oropharynx.

Although the majority of taste buds are found on the tongue, some are also located on the soft palate and in the throat.

The pharynx (throat) is shared by the respiratory system and the digestive system. Its function in respiration is to carry air from the nasal cavities down into the trachea. In the digestive system, it leads food from the mouth to the oesophagus.

The two systems work together and have mechanisms that prevent food from going into the airways. Swallowing is a reflex that is initiated voluntarily by the tongue when it pushes the bolus of food into the pharynx. This action pushes the soft palate up against the back of the pharynx, closing off the nasal cavity and preventing the food from going up there.

The involuntary reflex takes over from here. Respiration stops and the muscles and epiglottis at the top of the larynx work together to seal off the entrance to the airways, thereby preventing food and water from going down to the lungs and steering it into the oesophagus.

Opening out into the pharynx is a Eustachian tube from each ear, which is involved in equalising pressure in the ears. However, it can be a route of infection for the middle ear.

Disorders

Pharyngitis

This refers to the acute inflammation of the pharynx leading to a sore throat that causes pain when swallowing. The usual cause is a virus but, less commonly, it can be caused by bacteria such as certain streptococci. Young children are particularly susceptible and it can lead to rheumatic fever if left untreated.

A sore throat can also be caused by alcohol, smoking or nasal drip during a cold.

Laryngitis

In this case the larynx, containing the vocal cords, is inflamed. Symptoms may include hoarseness, gradual loss of the voice and pain in the throat. The condition may be acute, lasting a few days, or chronic when it persists for months, maybe as a result of smoking or long-term overuse of the voice. Acute laryngitis is usually caused by a viral infection. As hoarseness can be a symptom of cancer of the larynx, sufferers should consult a doctor if the voice change persists for more than two weeks.

Fawz Farhan is visiting lecturer in pharmacy at King's College, London

Actionplan

1. Find out what nasal polyps are. Have you had any clients with this problem? What was done?

2. Find out what causes loss of voice. How can you treat it? Write a treatment procedure in your practice workbook and ensure your medicines counter assistants know your recommendations.

3. In your practice workbook list the products you stock to remove excess ear wax. Which products do you favour and why? Ensure your assistants are familiar with your preferences.

4. What advice would you give a patient with wax impacted in the ear, to reduce the likelihood of it recurring?

5. Find out more about the symptoms of tinnitus. What drugs induce this condition? How can it be treated? Are such treatments available on the NHS?

6. What are common causes of vertigo? What drugs are used to treat this condition?

Distance learning for pharmacists

Pharmacists using **Pharmacy Update** for continuing education are reminded of the need to test. With the support of Genus Pharmaceuticals, C&D's readers can self-test their progress by using the multiple choice question (MCQ) paper to be inserted in the January 11 issue, which will cover this week's CPP-accredited modules, together with that in the December 7 issue.

These will cover:

- **PPIs (1255)**
- **Ear, Nose and Throat (1256)**

A telephone marking service offers independent verification of results – details on the monthly MCQ papers. People wanting to register for Pharmacy Update can contact Mary Prebble on 01732 377269.

Emergency contraception alternatives

A single 1.5mg dose of levonorgestrel or 10mg of mifepristone are effective regimens for emergency contraception if taken within five days of unprotected intercourse. A study in *The Lancet* compared two 0.75mg doses of levornorgestrel given 12 hours apart with the mifepristone and single dose levonorgestrel in a randomised, double-blind trial of more than 4,000 women. The pregnancy rates were found to be 1.5 per cent in the mifepristone and single-dose levonorgestrel group and 1.8 per cent in the two-dose levonorgestrel group.

Side-effects were mild and over half the women menstruated within two days of the expected date. However, menses was delayed in women who took mifepristone compared to levonorgestrel. When menses is early or on time, there is relief from anxiety sooner and women can begin a regular and effective method of contraception more quickly than if menses is delayed. There was little evidence in this trial for an increased efficacy with treatment taken sooner than five days but even if this were proved, the regimens studied still prevent a high proportion of pregnancies.

For more information:

Lancet 2002; Vol 360: 1803-1810
www.thelancet.com

Resisting unnecessary antibiotic use

Reducing unnecessary antibiotic prescribing, a key element in combating the sprcad of antimicrobial resistance, appears to be continuing, according to the latest information from the Prescription Pricing Authority.

The centre pages of the *PACT Standard Report* for the quarter ending September, shows that antibacterial prescribing and cost is decreasing. However, over the last three years the rate of decline has slowed.

The report shows that penicillins are the most commonly prescribed antibiotics (18.2 million items in 2001/2002 at a cost of £53.7 million) with macrolides second for the same period (4.2m items, £28.9m).

Improving patient care sometimes requires increased prescribing of antibiotics, eg treating chlamydia infections. Now the most commonly diagnosed sexually transmitted infection, evidence supports the prescribing of azithromycin or doxycycline for first-line eradication of chlamydia.

Recommendations to reduce antibiotic prescribing include:

- children with acute otitis media who do not experience fever and vomiting gain little benefit from antibiotic treatment
- in adults with acute sinusitis antibiotics should be reserved for those with severe symptoms or persistent symptoms of at least seven days' duration
- it is not cost-effective to prescribe co-amoxiclav first-line for lower respiratory tract infections.

For more information:

www.ppa.org.uk

Scriptlines

Palfium shortage

Roche has announced that stocks of Palfium (dextromoramide) tablets will run out by late December due to manufacturing problems. It is anticipated that 5mg tablets will be back in stock by late January 2003, but 10mg tablets may not be available before the end of March 2003, says Roche. Pharmacists unable to fill prescriptions should contact Roche, who are holding emergency stocks.

For more information:

Roche
Tel: 0800 328 1629.

Merck's Ostram discontinued

Merck Pharmaceuticals will discontinue its calcium supplement, Ostram (calcium phosphate), once existing stocks run out at the end of this month.

For more information:

Merck Pharmaceuticals
Tel: 01895 452200.

Diskhalers in packs of 15s

GlaxoSmithKline is phasing in bigger pack sizes for Ventodisk (salbutamol), Becodisk (beclometasone) and Flixotide (fluticasone) diskhalers and refills.

The new packs, which are being introduced between now and March 2003, will have 15 disks instead of 14. Becodisk 400mcg, currently a 7 disk pack, will also increase to 15 disks.

According to GSK: "This change has the advantage of providing patients with treatment courses in multiples of 30 days."

The Prescription Pricing Authority has confirmed that the new packs are special containers.

Price: see *Price List* supplement

GlaxoSmithKline UK Ltd
Tel: 0800 221 441.

Betaferon OK at room temperature

The European Medicines Evaluation Agency has approved the storage of Betaferon (interferon beta-1b) at room temperature (up to 25°C) by patients, for a period of up to three months, says Schering Health Care.

The company has also introduced a new self-injection device, called Betaject Light, which aims to make the self-administration of Betaferon easier for patients with limited dexterity and flexibility.

All new patients will receive one automatically, while existing patients can get one free-of-charge from Schering's customer care centre.

For more information:

Schering Health Care
Tel: 0845 609 6767.

Oilatum Gel only in 150g

Stiefel Laboratories would like to make it clear that Oilatum Gel is only available as 150g size tubes. The 125g pack, listed in the *Price List*, has been discontinued.

For more information:

Stiefel Laboratories
Tel: 01628 524966.

Pulse helps Lynx get the right beat

Lever Fabergé will introduce a new fragrance in the Lynx men's toiletries range in January.

The company hopes the launch of Pulse will add fresh excitement to the £356 million male toiletries market.

Described as sexy and uplifting, the light, woody fragrance has been developed with a long-lasting formulation. It will be available in deodorant bodyspray, deodorant stick, roll on, revitalising shower gel and aftershave.

The launch will be supported by a £3.2m marketing programme including TV, radio, press and poster advertising.

The theme of the campaign, which kicks off on TV on February 10, is 'spontaneous dance'.

As part of the programme, Lever Fabergé will collaborate with a record label to release a music track which will be used in the advertising campaign before being released.

Jo Teasdale, Lynx brand manager, comments: "Through the launch of the single from the advertising we have a unique opportunity to create a real phenomenon around the Pulse launch."

The new variant replaces Atlantis which was launched in 1996.

Price: bodyspray £2.69, deodorant stick £2.29, roll on £1.99, shower gel £2.19, aftershave £7.45

Lever Fabergé
Tel: 020 8439 6100.

Nicorette campaign targets New Year quitters

Pharmacia is backing Nicorette with a £4.4 million advertising campaign during one of the busiest periods for quitting smoking.

A new TV commercial featuring Nicorette 16-hour patch will be on air over the Christmas period and at the end of January, using interactive TV to promote the Fresh Start support programme.

Nicorette gum is being advertised in women's press, on posters and in women's washrooms in gyms and shopping centres during December and January.

New point of sale material is available including display cubes, showcards and counter units with consumer leaflets.

For more information:

Pharmacia Ltd.
Tel: 01908 661101.

New addition to Bioforce

January will see the launch of Bioforce drops containing extract of Jerusalem artichoke designed to help weight and appetite control.

Helix Slim is formulated to increase the elimination of toxins from the body and balance blood sugar levels to prevent hunger and cravings.

It contains a complex sugar, inulin, which does not provoke an insulin release so, although it is a sugar, it does not affect blood sugar levels. The product is claimed to improve bowel function.

The recommended dose is 15 drops three times a day for 12 weeks to achieve the best results.

Price: £7.49

Pack size: 50ml
Bioforce UK Ltd
Tel: 01294 277344.

Making exotic faces

A colour cosmetics collection for 'exotic' skin is being launched exclusively into independent chemists and beauty outlets.

EX1 Cosmetics is formulated to suit the skin tones of women whose heritage is neither black nor white, such as those of Asian, Arab or Far Eastern descent.

The products contain yellowish undertones covering varying shades and colour depths.

The range comprises five liquid foundations and three loose face powders.

The light foundation has a 100 per cent oil-free formula for a matte finish and contains vitamin E and UV filters. It is available in Honey Milk, Midas, Sahara, Olive Brown and Bronze Ray.

Point of sale material is available to support the range in-store.

Price: foundation £7.99, powder £6.99

EX1 Cosmetics
Tel: 020 7373 0562.

Cough, cold & flu FORECAST

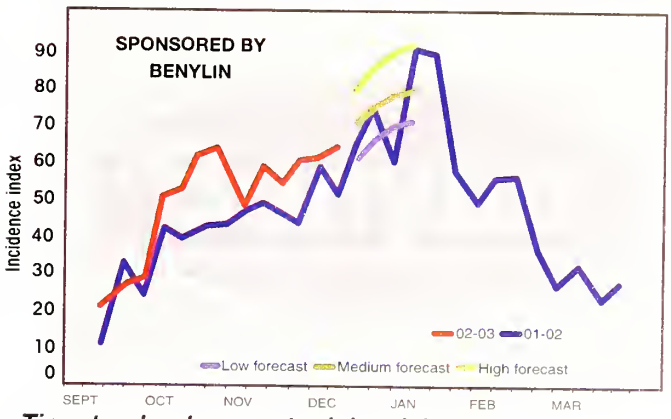
● Cities on Pre-Alert
● Cities on Advisory

KEY FACTS

Benylin

- Alert: severe levels of respiratory illness continue in Leeds, Manchester, Birmingham and Norwich.
- Incidence of all symptoms has risen this week, but coughing is the most widespread, affecting 76% of people in the UK. Levels of sore throat (68%) are also of concern.
- Nationally the risk of respiratory illness is 'HIGH'.

Information updated weekly by SDI



Time to check your stock levels!

Razor sharp tactics score with gift hunters

Wilkinson Sword is supporting its Manchester United Gift Set range with a £500,000 national TV campaign until Christmas.

The campaign is targeted at predominately female gift hunters who are looking for ideas to give Manchester United fans.

The licensed grooming accessories include body spray, shower gel and the Manchester United Protector 3D Diamond razor.

The TV commercial plays on the theme of 'Razor sharp skills' by depicting the special razor practising its football tactics as it blasts the ball into goal.

The advertising strapline is 'get closer to the game... with Wilkinson Sword.'

For more information:

Wilkinson Sword Ltd
Tel: 01494 533300.

Christmas closures

- AstraZeneca UK will close from 5pm on December 24 and reopen at 8.30am on January 2. The medical information department will be available from 9am to 4pm on December 27, 30 and 31 for urgent medical information enquiries (tel: 0800 7830033 or 01582 836836). For information required in medical emergencies outside opening hours call 07785 577240. Customer services are also open for urgent orders from 9am to 4pm on these days (tel: 01582 837837).
- Phoenix Healthcare depots will be closed on Christmas Day, Boxing Day and New Year's Day. In addition, the Glasgow and Aberdeen depots will be closed on January 2. Customers are requested to place orders as early as possible on December 24 and December 31.
- Roche will close the drug information customer call desk (0800 3281629) for enquiries on prescription medicine products from 5pm on December 23 until 9am on January 2. Roche customer services will close at 4pm on December 24 and reopen for normal service on January 2. A skeleton service will be provided from 9am to 4pm on December 27, 30 and 31.

During the closure period, an 'emergency only' service for both departments will be run through Roche security on 01707 366000.

- Schering Health Care will close at 5pm on December 24 and reopen at 8am on January 2.
- A1 Pharmaceuticals will be closed from December 23 and reopen on January 2.

Retail orders placed by 4pm on December 20 will be delivered by December 23 and wholesale orders must be placed by 4pm on December 19 to guarantee pre-Christmas delivery. Customers can order over the Christmas period via the company's website at *www.a1plc.co.uk*

Gillette blasts off with MACH3 Turbo

Gillette will launch an improved version of the MACH3 razor in the UK on January 1.

MACH3 Turbo is a triple blade razor developed to provide a more comfortable and close shave, even when shaving 'against the grain'.

The razor features an enhanced lubrication strip, soft and protective microfins and new anti-friction blades designed to remove more of each hair with less irritation.

It also has a redesigned handle with textured rubber grips and metal grooves to improve grip.

The launch will be supported by TV advertising from February 14. The commercial has a 'floating in space' theme highlighting 'shaving at any angle'. Advertising is also planned for press and radio.

In March, Gillette will sponsor Richard 'Rocketman' Brown when he launches the MACH3 Turbo rocket in South Africa.

- The Gillette Series range is being reformulated to create an integrated grooming system for men with the MACH3 Turbo.

The range comprises 11 products formulated with skin comfort ingredients for different skincare needs.

Shaving gels will be available in a new non-aerosol form and after-shave cooling gels have been reformulated for a longer lasting cooling sensation.

Aftershave balms will contain soothing humectants to help make skin feel more comfortable and appear smoother.

Shower gels, antiperspirant deodorant and aftershave splashes are all available in four fragrances – Cool Wave, Arctic Ice, Wild Rain and Pacific Light.

Retail prices range from £2.19 for shaving foam to £5.09 for aftershave splash.

Price: razor £6.19, blades 4's £6.49, blades 8's £11.79

Pip code: razor 291-2103, blades 4's 291-2079, blades 8's 291-2087
Gillette UK Ltd
Tel: 020 8560 1234.

TV next week

Accu-Check Compact: GMTV

Beechams: All areas except U, CTV

Benylin: All areas except U

Breathe Right Nasal Strips: All areas except CTV

Covonia: TT, C5, GMTV, Sat

Imodium: All areas

Mark Hill Mobile Straightener: C4, C5, Sat

Multibionta: C4

NiQuitin CQ: U

Nivea After Shave Balm: All areas

Olbas: C5, GMTV, Sat

Panadol ActiFast: U

Pepcidtwo: All areas except CTV, TSW

Sudafed non-drowsy: All areas except U, GMTV

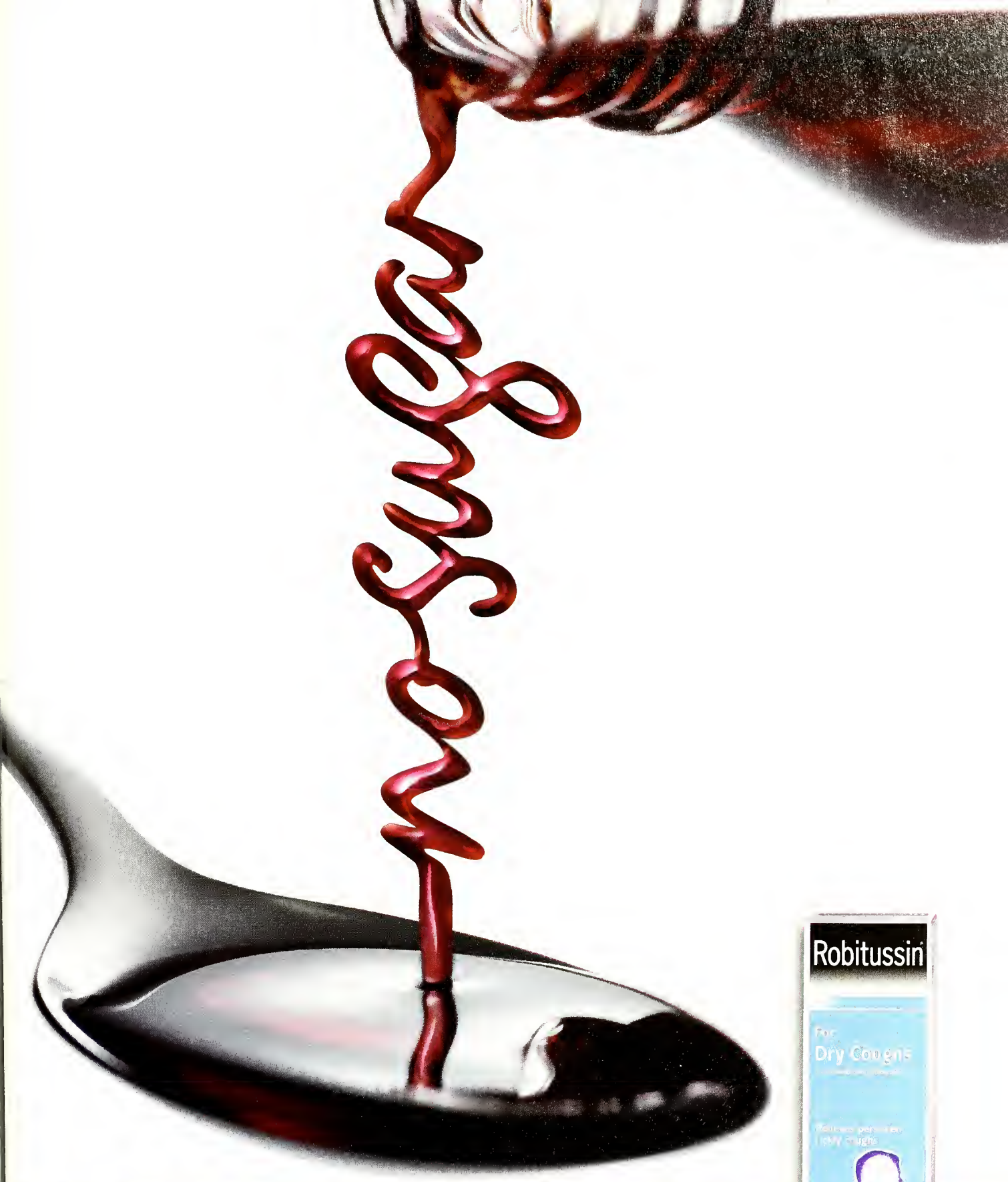
Wilkinson Sword Manchester United Complete Christmas gift set: C4, C5, ITV

Zantac: U

Zovirax: All areas except CTV, GMTV

PharmaSite for next week: Day & Night Nurse – Window, **Day & Night Nurse** – In-store, **Metanium** – Dispensary

A-Anglia, B-Border, C-Central, C4-Channel 4, C5-Channel 5, CAR-Carlton, CTV-Channel Islands, G-Granada, GMTV-Breakfast Television, GTV-Grampian, HTV-Wales & West, LWT-London Weekend, M-Meridian, Sat-Satellite, STV-Scotland (central), TT-Tyne Tees, U-Ulster, W-Westcountry, Y-Yorkshire



Robitussin For dry coughs. Just one of our Sugar-free, full strength, non-drowsy cough medicines.

Robitussin. Recommend with confidence.

Robitussin

Careline
Here to help you
0800 11 5510

ROBITUSSIN ORY COUGH MEDICINE - PRESENTATION: Cherry flavour liquid for oral administration. Each 5 ml contains Dextromethorphan Hydrobromide Ph Eur 7.5 mg. INDICATIONS: For the relief of persistent dry irritant coughs. DOSAGE: Adults: 10 ml three or four times daily. Children: 6-12 years: 5 ml three or four times daily. Children under 6 years: Not recommended. CONTRAINDICATIONS: Hypersensitivity to any of the ingredients. INTERACTIONS: Use with caution in patients currently receiving, or who have within the last two weeks received, monoamine oxidase inhibitors. Special Warnings: Use with caution in patients with hepatic dysfunction. SIDE EFFECTS: Rarely causes dizziness and gastrointestinal upset. Effect on ability to drive and use machines: None known. INCOMPATIBILITIES: None stated. USE DURING PREGNANCY AND LACTATION: Not recommended. OVERDOSAGE: Gastric lavage and general supportive measures should be used. PHARMACEUTICAL PRECAUTIONS: No special requirements. SHELF LIFE: 4 years. LEGAL CATEGORY: P. PACKAGE QUANTITIES & PRICES (RSP ex vat): £2.88. Amber glass bottles of 100 ml. MARKETING AUTHORISATION NO: PL 0165/0100. MARKETING AUTHORISATION HOLDER: Whitehall Laboratories Limited, Taplow, Berkshire, SL6 0PH. DATE OF PREPARATION: November 1999. *Trade Mark

The morning after

Christmas and the New Year is a key season for pharmacies with soaring sales in everything from condoms to NRT

"...many either don't get around to using protection or are overwhelmed by Christmas spirit"

For many people, a throbbing hangover is all too often part and parcel of the Christmas experience. But for others, the party season takes its toll in other ways, leading customers into areas such as family planning, stress relief, and the traditional must-try-harder fixtures for smoking and diet control.

The condom market, which is worth £23.1 million to pharmacy, saw sales soar 25 per cent during December last year compared to November, despite the overall 6.6 per cent year-on-year sector value decline (Information Resources).

Over the whole of last year, most purchases of condoms were made in the week before New Year's Eve, when sales rose 40 per cent on the previous month (IMS Health).

Favoured by 30 per cent of all adults, condoms are still most commonly bought in pharmacies, although the convenience of grocery is increasingly poaching trade, in particular from single men aged 25-35 years.

Unsurprisingly, the rush for pregnancy tests begins about a fortnight later. In the second week of January this year, panicking customers added 65 per cent to the value of the market, compared to that in the last week of December, according to IMS Health.

The Family Planning Association says HIV and STI test incidence reflects this behavioural pattern, with rushes in the first quarter of each year and increases in abortion rates. The Association also notes a peak in the birth rate between July and September.

As Information Resources sums up: "While people go into the festive season with good intentions, many either don't get around to using protection or are overwhelmed by Christmas spirit – then panic in the New Year."

However, relations around Christmas are not always cordial and anecdotal evidence from marriage guidance service Relate suggests a 20 per cent uplift in calls to its counselling services. It is unsurprising then, that products to relieve stress and strain – like OTC sleep aids – are also a key market for retailers around Christmas. Sales of these products generally rise between 4 and 8 per cent during December and January, in a market valued at £23.5m (Information Resources).

Like hangover remedies, dieting aids are a sector that people turn to in the cool light of day (in this case, New Year's Day) when repentant consumers add a massive 194 per cent to the sales of Slim Fast meal replacement products and around 10 per cent to artificial sweeteners (TNS January 2002).

Used by 17 per cent of the adult population, artificial sweeteners are currently valued in independent pharmacy at £739,000 (TNS), down 20 per cent on the previous year.

That other big New Year resolution – to give up smoking – should also fire up pharmacy this New Year, as sales increased by 55.6 per cent last January (compared to December 2001) in a pharmacy market valued at £52.4m (Information Resources).

According to stop smoking charity Quit, greater availability of nicotine replacement therapy, both on prescription and on general sale, have helped boost quit attempt numbers year-on-year, with the result that this New Year's Day, some four million smokers will try to kick their smoking habit. The three in four that don't succeed then get to take a second bite at the cherry on No Smoking Day, which next year is March 12. Enticing another one million would-be quitters into the fray, last year's NSD brought independents an additional 10 per cent in NRT sales (IMS Health).

In the pharmacy market, NRT patches are the most popular format (52 per cent), and are poaching business from gums which have seen their share of the sector decline over the past 12 months by just under 16 per cent. Part of the reason for gum share vulnerability is its unpleasant taste, and Nicotinell research reveals that 50 per cent of gum users subsequently only stick with gum for three weeks or less.

NOVARTIS

Who knows

the short cut to sorting out sinuses?

Otrivine knows

You've always known Otrivine, but did you know its sinusitis spray was the first topical sinus decongestant – and it's still unbeaten. Otrivine's finely metered dose goes straight to where it's needed, starts working in minutes and lasts for up to ten hours.

NO-ONE KNOWS NOSES LIKE Otrivine®

Contains Xylometazoline Hydrochloride

Otrivine® Adult Measured Dose Sinusitis Spray. Presentation: Nasal spray containing Xylometazoline Hydrochloride 0.1% w/v. **Indications:** Symptomatic relief of nasal congestion, perennial and allergic rhinitis (including hay fever), sinusitis. **Dosage and Administration:** Adults and elderly: One application in each nostril 1 to 3 times daily. Not suitable for children under 12. **Contra-indications:** Sensitivity to ingredients. Trans-sphenoidal hypophysectomy or surgery exposing the dura mater. **Precautions:** Do not exceed the recommended dose or use for more than 7 consecutive days. Use with caution in patients showing a strong reaction to sympathomimetic agents, or with heart or circulatory disease. Advisable not to use in pregnancy. Each pack should be used by one person only to prevent cross-infection. Do not use the bottle for more than 28 days after opening. **Side Effects:** Occasional burning in nose and throat, local irritation or dryness of nasal mucosa, nausea, headache. Systemic cardiovascular effects have been reported. **Legal Category:** GSL. **Product Licence Nos, Trade Price and Suggested Retail Price:** PL 0030/0117, 10ml, £2.40, £3.75. **PL Holder:** Novartis Consumer Health, Wimblehurst Road, Horsham, West Sussex, RH12 5AB. **Date of Preparation:** November 2002

On your marks..

In part two of our look at buying your first business, Anne Hutchings, an accountant and tax consultant specialising in pharmacy, says you need to decide how you're going to trade

Figure 1

Tax year	Taxable profit ending	Tax & NIC payable
5/4/01	£50,416 (11/12 x 55000)	£14,758
5/4/02	£55,000 (1st 12 months)	£16,444
5/4/03	£85,000	£28,348
5/4/04	£90,000	£30,348

Note: Under self assessment rules the Inland Revenue have taxed the first year's profit twice. Therefore, although Mr Patel has earned £230,000 he has been taxed on a total of £280,416. However, when Mr Patel's business ceases in the future he will be given a credit for the profit which was taxed twice. Therefore, if Mr Patel's business had ceased on 30/4/03 he would have been given a credit for £50,416, thereby reducing his taxable profit for the final year to £39,584, so that in effect he has only paid tax on the profit which he actually earned.

The first article *(C&D November 2, p30-31)* covered some of the important financial issues applicable solely to the first-time buyer. But many of the tax issues mentioned here can equally be applied to established pharmacy businesses.

The usual trading structures used by pharmacists are sole trader, partnership or limited company.

Sole Trader

This is still the most popular method of trading for many pharmacists. It is easy to set up, but sadly it is also the most ineffective method of trading for tax purposes.

Sole trader status means that you are self-employed for tax purposes. You will need to register for VAT as soon as you start trading and you should also register your self-employed status with the Inland Revenue (IR).

The IR can fine you if you fail to register with them within three months of starting your business.

Tip When you submit your VAT registration application make sure you request monthly VAT returns. This is important for cashflow as you should receive VAT repayments each month. By the way, the same applies if you are trading as a partnership or through a company.

As a sole trader you will pay tax on all your annual profits even if you leave the money in the business. The tax will be charged at rates of up to 40 per cent. As a rough guideline, if your business profits exceed £34,515 you will pay 40 per cent tax on the excess. In addition, self-employed national insurance contributions will be due. These are limited to a maximum of £1,910 for the current tax year.

The potential tax liability is best illustrated by an example *(see fig 1)*. Mr Patel bought his pharmacy on May 1, 2000 and made up his first accounts for the 12 months ended April 30, 2001 showing a taxable profit of £55,000.

The following year his profit increased to £85,000, while for the current financial year his profit is expected to increase to £90,000.

Taking the above example, if we change the accounting periods to the end of the tax year the taxable profits would be as in *fig 2*.

Tip If you think that your first year's profit will be low compared with future years, consider choosing an accounting period early in the tax year, as in the above example. This will help your cashflow by deferring the tax on your second year's profits by one year.

Partnership

This is similar to the sole trader for tax purposes, each partner being liable to tax on their respective profit shares.

Partnerships have traditionally been popular with husbands and wives as a means of reducing their tax liabilities. However, this does not always work for pharmacy businesses, as all partners must be pharmacists.

Tip It can be possible for partners to structure borrowings so that the interest qualifies for tax relief in the business while funds are extracted from the business for some other purpose such as house purchase which would not normally qualify for tax relief. This works well with established pharmacy businesses where the partners have established capital in the business. The capital is withdrawn and new funds introduced by way of borrowing.

Limited company

The tax rules have changed significantly during the last few years, making companies very favourable for tax purposes *(see fig 3)*.

Companies with profits under £300,000 per annum pay the following tax rates:

- First £10,000 profit: nil
- Next £40,000 profit: 23.75 per cent
- Next £250,000 profit: 19 per cent

These rates are significantly less than the 40 per cent top rate for sole traders and partnerships which is why massive savings can be achieved through companies.

If Mr Patel, our sole trader, had instead set his business up as a limited company the tax position would be much improved *(see fig 4)*.

Mr Patel is married and his wife has no income, so Mr Patel makes her a shareholder in the company and pays her a small salary for helping him with the bookkeeping *(see fig 3)*.

We also need to consider the personal tax liabilities of Mr and Mrs Patel.

Based on £55,000 pre-tax profit the Patels can draw out approximately £45,700 without any additional tax liability.

Based on £85,000 pre-tax profit they can draw out approximately £62,000 without additional tax, while leaving surplus profit in the company of nearly £8,000.

Based on £90,000 pre-tax profit they can draw out approximately £63,000 without additional tax, while leaving surplus profit in the company of nearly £12,000.

Tip Consider making your spouse a shareholder as they can then receive dividends from the company without any national insurance liability. Also consider giving your spouse a small salary of about £4,600 per annum to use up their annual personal allowance.

There is an added tax bonus for a company which purchases the goodwill of a pharmacy. The goodwill value can be written off against company profits in the form of a tax deduction over a period of years.

Locums

As a pharmacy owner you will almost certainly be using the services of locums from time to time. The question arises as to whether they should be treated as employees or self-employed.

Most locums like to operate on a self-employed basis, but just because someone calls themselves self-employed does not necessarily mean that the IR would agree with their interpretation of the rules.

You need to satisfy yourself that the locum is truly self-employed. The NPA has produced a standard agreement for services which can be used when engaging locum pharmacists.

The IR has stated that where the NPA agreement is followed it is likely that as a result the locum will be self-employed. It is worth asking the NPA for a copy of its agreement.

Tip The IR has issued some guidelines regarding the tax treatment of locums. Have a look at its website: *www.manuals.inlandrevenue.gov.uk/esmmanual/part4000/esm4270.htm*

Figure 3

Company year end	Taxable profit	Tax payable as a limited company
30/4/2001	£55,000	£9,260
30/4/2002	£85,000	£15,200
30/4/2003	£90,000	£15,400

Figure 4

Overall comparison of sole trader v limited company

Profits	Tax as sole trader	Tax as Ltd company	Tax saving with Ltd company
£55,000	£16,444	£9,260	£7,184
£85,000	£28,348	£15,200	£13,148
£90,000	£30,348	£15,400	£14,948

Figure 2

Tax year ending	Accounting period ended	Taxable profit
5/4/01	31/3/01	£50,416
5/4/02	31/3/02	£82,500 (55K x 1/12 + 85K x 11/12)

If your accounting year ties in with the tax year, your profits will be taxed as they are earned so that you will not be taxed twice on your first year's profits. As can be seen in the second year, the taxable profit has increased by £27,500, on which the additional tax would be £11,000.

Anne Hutchings is a specialist accountant and tax consultant for retail pharmacists.
For Hutchings and Co tel: 01494 722224.
E-mail: anne@hutchingsandco.com

Into the blue

John Davies looks at the legal implications of diving into incorporating a pharmacy as a limited company

There are currently some 3.7 million private sector businesses in the UK, of which around 1.4m are limited companies. The rest are overwhelmingly sole traders or partnerships.

As these figures suggest, the decision about how to structure a business is not clear cut. Different people will have different ideas about which factors are important to them and should be attached to each factor.

Recent changes in the tax system have tipped the balance firmly in favour of incorporating a small business as a limited company, as opposed to running it as a sole trader or partnership. These changes, though, should not be looked at in isolation. Any decision to set up a business as a limited company should be taken after considering all the relevant aspects.

Firstly, the legal implications of the different options need to be clearly understood. An 'unincorporated' business is one which has not adopted formal corporate status, ie as either a limited company or a limited liability partnership. They can be either sole traders or partnerships.

If you are trading as a sole trader, you are personally responsible for your business activities. You may take all the profits made by the business, but at the same time you are responsible for all its debts and liabilities. You are taxed on a self-employed basis on your total personal income, from your business and any other source.

The partnership is the main non-corporate vehicle by which individuals conduct business on a joint basis. Contrary to common belief, a 'partnership' does not actually exist as a legal entity in its own right: technically, it is only an amalgam of the individual partners.

Partners are personally liable for their firm's debts – there are no public disclosure requirements.

The partnership is a very private, flexible format that allows individual firms to decide how to organise their internal governance, management and profit-sharing arrangements.

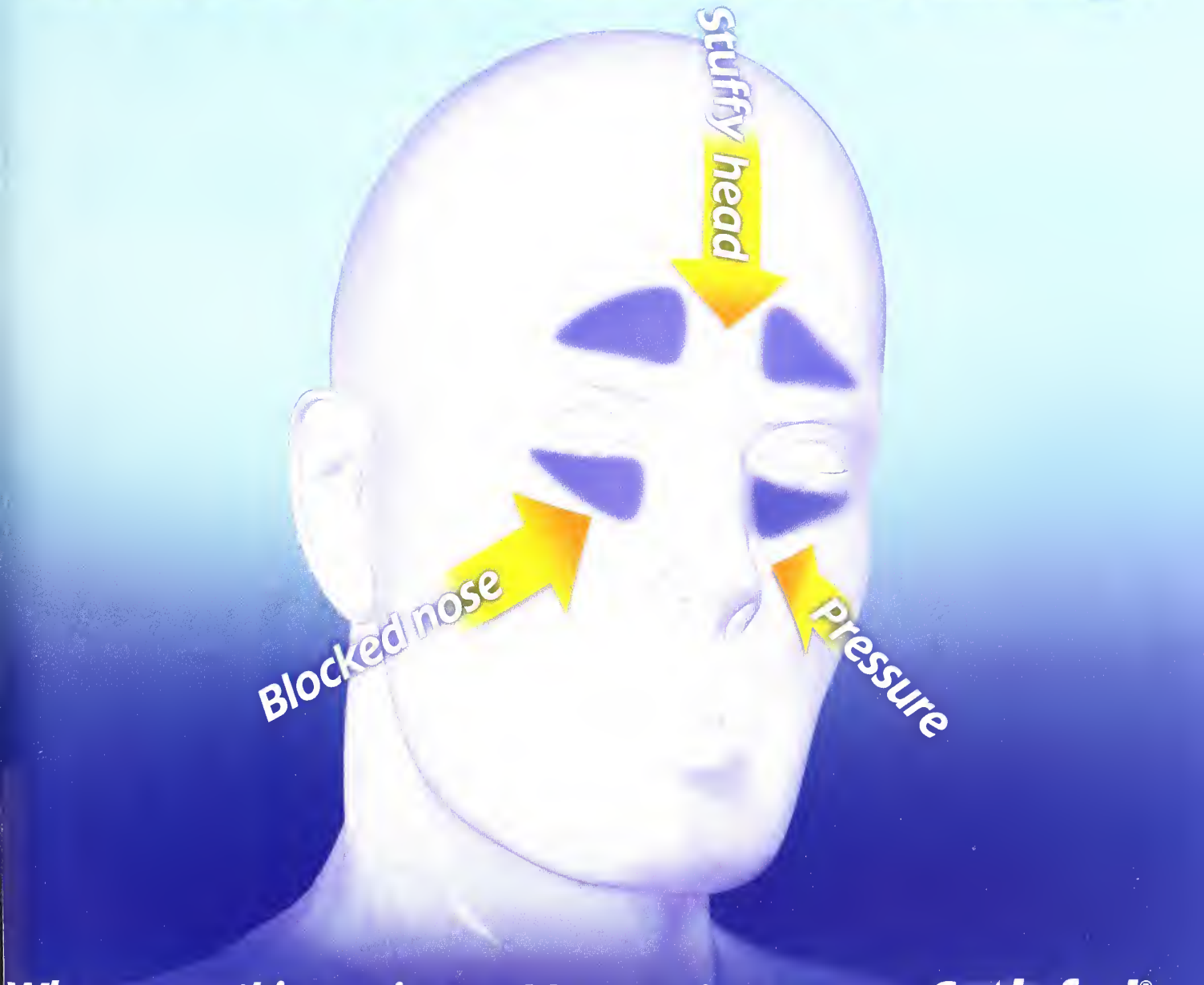
Individual partners are taxed on their personal income from the partnership as if they were self-employed.

A little-known and little-used alternative form of the partnership is the limited

Continued on page 36 ▶

"The legal implications of the different options need to be clearly understood"

WARNING:
Do not sell this man a cold remedy.



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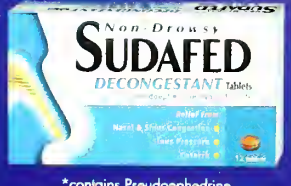

*contains Pseudoephedrine

*contains Pseudoephedrine

*contains Pseudoephedrine and Ibuprofen

Pfizer

Sudafed is a registered trademark of Pfizer Consumer Healthcare.

awsy Sudafed Decongestant Tablets. **Presentation**: Contains 60mg Pseudoephedrine **Uses**: relief of nasal congestion and symptomatic relief of conditions such as allergic rhinitis and vasomotor rhinitis. **Dosage** Adults and children years: 1 tablet every 4 – 6 hours up to 4 times a day. **Contra-indications.** Hypersensitivity, severe hypertension or coronary artery disease, and patients who have taken MAOIs within 14 days. **Precautions:** Caution in hypertension, isease, diabetes, hyperthyroidism, elevated intraocular pressure, & prostatic enlargement. Caution with anti-hypertensive drugs, tricyclic antidepressants and sympathomimetic agents and severe renal or hepatic impairment. Caution pregnancy and lactation. **Side and adverse effects**: Sleep disturbance and rarely hallucinations. Skin rashes have occasionally been reported. **SRP (ex-VAT)**: 12s £1.69, 24s £2.89 **Legal category:** P. **PL holder:** Pfizer Consumer are, Chestnut, Eastleigh, SO53 3ZO. **PL Number:** tablets: 15513/0024 **Date of preparation:** July 2002.

owsy SUDAFED 12 Hour Relief. **Presentation:** Modified release tablet containing 120mg pseudoephedrine hydrochloride. **Uses:** symptomatic relief of allergic rhinitis, common cold and influenza. **Dosage and administration**: one tablet 2 hours, maximum daily dose 2 tablets. Not suitable for children under 12 years. **Contra-indications:** hypersensitivity; hypertension; severe coronary artery disease; those who have taken MAOIs or furazolidone in preceding 14 days. ions: mild to moderate hypertension, renal impairment; severe hepatic impairment; heart disease; diabetes; hyperthyroidism; glaucoma; prostatic enlargement. **Interactions:** tricyclic antidepressants; other sympathomimetic agents. May hypertensive action of drugs which interfere with sympathetic activity. **Pregnancy and lactation**: Not recommended. **Side effects:** sleep disturbance; skin rash; urinary retention. **Price (ex-VAT)**: 6s £2.55; 12s £4.25. **Legal category**: P. information: Pfizer Consumer Healthcare, Eastleigh, SO53 3ZQ. Product authorisation number: 15513/0034. **Date of preparation:** July 2002.

owsy Sudafed Dual Relief Max. **Presentation**: Tablets containing Pseudoephedrine HCl 30mg, and Ibuprofen 200mg. **Uses:** Symptomatic relief of cold and flu symptoms including nasal & sinus congestion with headache, pain & asage: Adults and children over 12 yrs: 1 or 2 tablets every 4-6 hours, max 6 per 24 hours. Under 12 yrs: Not recommended. **Contra-indications:** Hypersensitivity, heart disease, circulatory problems, kidney disease, peptic ulcers, nsion, diabetes, phaeochromocytoma, closed angle glaucoma, concurrent or recent use of tricyclic antidepressants, or use of MAOIs in the past 2 weeks, allergy to aspirin or other NSAIDs, pregnancy, lactation. **Precautions:** Caution no, thyroid disease, prostatic hypertrophy, renal or hepatic impairment. **Side effects**: Hypersensitivity, insomnia, dizziness, excitability, anxiety, tremor, palpitations, dry mouth, nausea, dyspepsia, GI bleeding, loss of appetite, thirst, , chest pains, and less frequently muscle weakness, difficulty in micturation, hallucinations and thrombocytopenia. **SRP (ex VAT)**: 12s: £2.55, 24s: £3.99 **Legal category**: P. **PL holder**: Whitehall Laboratories, Hintercambe Lane aplaw, SL6 0PH **Further information is available from**: Pfizer Consumer Healthcare, Chestnut Avenue, Eastleigh, SO53 3ZQ. **PL number**: 00165/0109 **Date**: July 2002.

partnership. This allows partners in the firm to limit their personal liability for the firm's debts.

Meanwhile, a limited company is a legal entity which is formed by a standard process of registration. Each company is a 'legal person' in its own right. This has two important practical consequences.

Firstly, from the moment of incorporation the company is treated as a separate entity from the individuals who control the company as its shareholders and directors. Any legal action by an aggrieved customer or client of the company, or a third party, has to be taken against the company rather than its shareholders or directors.

"Any legal action has to be taken against the company rather than its shareholders or directors"

The second main consequence is that the company's existence continues independently of the identity of its shareholders and directors. Under current partnership law, each change of partner, for whatever reason, technically brings the partnership to an end. In the case of a company, even when there is a complete change of ownership, for example where the company is taken over by another business or where a sole shareholder dies, the company's existence survives.

Additionally, the shareholders in a limited company enjoy limited personal liability for the debts of their company. In the case of a company limited by shares, the liability of each member is limited to the amount, if any, which the member still owes for his or her shares in the event of the company's winding up.

Against this, though, shareholders bear the ultimate risk in a company as they stand to lose whatever amounts they have invested. Also, lenders will often insist that its director or directors give a personal guarantee that the loan will be repaid.

There is another, recently established alternative, which is the Limited Liability Partnership, or LLP. As the name implies, the LLP possesses some of the characteristics of both the company and the partnership.

For example, like a company, the LLP is a corporate body with a separate legal personality and its members are not as a rule personally responsible for the firm's debts. Its internal management and administration are more like a traditional partnership and there is an assumption that all members are entitled to take part in the firm's management. The cost of formation is modest. The principal cost is an initial registration fee, which is currently £20 (or £80 for same-day registration).

Once incorporated, a company must comply with a range of statutory obligations under the Companies Act, some of which will involve expense and some which will not. The two almost certainly involving expense are the preparation and filing of the annual return and the company's annual accounts.

Becoming a company is not, however, a totally pain-free option. Once you assume control of a limited company, you have legal responsibilities to your creditors, members, employees, the state, and to your company as an entity separate from yourself.

These should not be treated lightly: breaches of directors' duties are increasingly targeted by the law, and can lead to the disqualification of errant directors and their being made personally liable for their company's debts.

John Davies is head of business law at the Association of Chartered Certified Accountants

Pharmacy lights go out in protest

Gerhard Schröder may have been re-elected in Germany's closest election in post-war history, but his health minister's plans for healthcare reform have already infuriated pharmacists. Nina Keller-Henman reports

The lights went out in pharmacies across Germany at midday on November 15 in protest against the Government's cost-saving legislation, steamrollered through parliament (Bundestag).

The initiative, which coincided with a major demonstration organised by a coalition of healthcare bodies in Berlin,was intended to encourage discussions with patients.

Faced with a €1.5 billion deficit among health insurers, the Government appears determined to cut the drugs bill by at least this amount during 2003 as part of a €3.4bn savings package.

"In difficult times everybody has to pull at the same string... that's why we are demanding a contribution from everyone without over-burdening the individual" declared health and social secretary Ulla Schmidt.

But German pharmacy bodies are adamant that the measures would virtually halve pharmacists' profits and put at least 22,000 jobs in community pharmacy at risk. Heinz-Günter Wolf, ABDA's vice-president, argues that pharmacists would bear more than 70 per cent of the cost-cutting measures for the bill.

"This has nothing whatsoever to do with solidarity, fairness or economic sense. On the contrary, it will lead to thousands of newly unemployed people and the destruction of many small and medium-sized businesses," Mr Wolf insisted.

The new bill imposes further mandatory discounts for health insurance companies from manufacturers, wholesalers and pharmacies. The new legislation raises the discount pharmacists are obliged to give to health insurers on a sliding scale from the current level of 6 per cent to a maximum of 10 per cent.

Intended to save health insurers at least £350 million, pharmacists estimate that the new regulation will increase the discount they have to pay by an average of between 2.2 per cent and 8.2 per cent.

Above: Healthcare professionals protest against the Government's plans to tackle the massive health insurance deficit at a rally in Berlin
Right: a pharmacy shows its support by dimming its lights

Pictures: Deutsche Apotheker Zeitung

Pharmacists also fear they will have to pick up some of the discount introduced at wholesaler level. Wholesalers will be required to offer a 3 per cent discount on the retail price, thus saving a further €600m. Given a widespread consensus that wholesalers are already operating on a 1 per cent margin, pharmacy bodies fear distributors will have no choice but to reduce the level of deals pharmacists could obtain.

As the leaders of the three pharmaceutical bodies stress in their joint letter to Chancellor Schröder, pharmacists rely on these deals. They illustrate this with a simple calculation:

- NHS turnover in Germany's 22,000 pharmacies – €6bn
- minus mandatory discount to health insurers – €1.5bn
- minus operating costs (wages, rent etc) – €4.35bn
- The pre-tax profit for all pharmacies would then be €150m – € 6,818 per pharmacy.

The profession's leaders argue that pharmacies only remain viable through deals offered by wholesalers, which boost the combined pre-tax profit to €1.25bn (€56,818 per pharmacy).

Meanwhile the pharmaceutical industry is to provide a 6 per cent discount on the ex-factory price for reimbursable products not subject to a tariff price or the new pharmacy substitution arrangements. The measure is estimated to save health insurance companies €420m annually.

Furthermore, the industry and wholesaler discounts are to be collected by pharmacies, which will be reimbursed around 30 days later. This, ABDA says, turns pharmacies into credit institutions, not healthcare organisations.

But pharmacists are still hoping for some amendments to the bill after the upper house (Bundesrat) rejected it in its current form.

Germany bound

Is Alliance UniChem preparing to take on Gehe and Phoenix in their home market? Speculation is running high as German wholesalers await an important court ruling on the proposed 'merger' of the country's third and fourth largest pharmaceutical distributors. Germany's Monopolies and Mergers Commission had previously denied Sanacorp's request to increase its share in Anzag and the matter is now to be decided by a court in Dusseldorf.

Sanacorp, which has a market share of 13 per cent, already owns 25 per cent of Anzag (16 per cent market share), but has an option for a further 25 per cent. If exercised, this would give it a 50 per cent (plus one share) majority stakeholding in Anzag – a merger in all but name.

However, this option would be rendered all but useless to Sanacorp if the court ruled against the wholesalers and it may therefore be up for sale, a source close to both wholesalers said.

Meanwhile AU already has a 10 per cent stake in Anzag, as well as owning 7 per cent of Sanacorp. Acquiring the option would certainly secure it a strong foothold in Europe's largest healthcare market. Jeff Harris, AU's executive chairman, has made no secret of his desire to break into the German market in earnest.

Incidentally, AU has recently raised £88.1 million through a share placing. This, the source suggested, may be just what AU would need to acquire the option, if it became available.

Having said that, the court's decision – due on December 18 – is widely expected to go Sanacorp's way.

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Experience of project management and championing new initiatives would be desirable. The successful applicant will be required to arrange and attend meetings in the evening to facilitate contractor pharmacists.

Applicants must, by the closing date for applications:

Hold an Honours Degree in Pharmacy

Be registered or be entitled to be registered with the Pharmaceutical Society of Northern Ireland.

Have at least 4 years professional experience as a registered pharmacist, gained within the last 8 years, in the following areas:-

- Community pharmacy practice at manager level and / or

- relevant experience with a Health Board, Trust or other professional body which would indicate suitability for the post.

Have access to a means of transport which will permit the candidate to meet the requirements of the post in full.

For an application form and more detailed information, including the duties and responsibilities of the above post as well as the criteria to be used during the selection and recruitment process, write to Mrs R Meadow at the Pharmaceutical Contractors Committee, 73 University Street, Belfast BT7 1HL.

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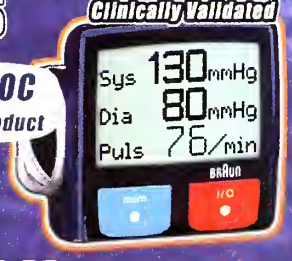

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Nina O'Connor

Nina O' Connor has been put in charge of AAH Pharmaceuticals' public relations activities, taking over from **Jayne Harrison** who recently moved to Lloydspharmacy. She takes on responsibility for co-ordinating the wholesaler's trade, national and regional PR. Ms O'Connor has previously worked in the marketing department of Faulding Pharmaceuticals and for Sanofi-Synthelabo. In addition to her new role Ms O'Connor will continue as personal assistant to Steve Dunn, AAH's managing director, a position she has held for the past year.

Dr Dai John, a senior lecturer in clinical pharmacy, law, ethics and practice at the Welsh School of Pharmacy at Cardiff University, has been appointed to the Multi Research Ethics Committee by the Welsh health minister, Jane Hutt. The appointment runs until October 2005.

Nutralife has created a new sales team to support the Natral Health range. The new team is made up of: **David Bottriell** (South East, London and home counties), **Donna Griffiths** (North West, North Wales), **Martin Kostick** (Scotland and the North East) and **John Benoy** (South and South West). Northern Ireland is managed by Brookfield Healthcare.

The sales team will be led by field sales manager **Brian Mayor**, who will also cover the East and Midlands region.

Indian adventure is about to begin

As Mawdsleys' southern regional sales manager, Nigel Milligan is well used to extensive travel and putting in the miles. However, these terms are about to take on a completely different meaning, as he prepares to take part in Endura India 2003, a seven-day charity motorbike ride across India. His wife Nicky in tow, Nigel will hop on a Royal Enfield 350 Bullet and join over 100 other bikers travelling through the southern Indian regions of Kerala and Tamil Nadu.

Nigel says that, while the route would undoubtedly be demanding, he is "thoroughly looking forward to the challenge – especially as it allows me to combine my love for motorbikes with helping worthy causes."

The fundraising initiative, which it is hoped will raise in excess of £500,000, is in aid of the Rainbow Trust, the World Wildlife Fund, Greenpeace and the Pain & Palliative Care Society. Nigel needs to raise at least £5,500 himself and those willing to help him meet that target can contact him on 07764-143470 or by e-mailing *nigel.milligan@mawdsleys.co.uk*.

Holy charity, Batman! (and Superman, the witch,...)

Pictured are (back row left to right): driver Brian Gaze as Batman, dispenser Sue Thompson as the punk, sales assistant Julie Smith as Cleopatra, dispenser Joanne Jones as the schoolgirl, dispenser Anne Robinson as the angel, supervisor Wendy Hirst as the witch, pharmacist manager Steve Howcroft as the farmer and driver Les Stone as Superman. Front row: sales assistant Diane Wardle as cowboy (or should that be cowgirl?) and dispenser Christine Seed as a Rotherham United player

Superheroes Batman and Superman came to the rescue of Children in Need courtesy of Peak Pharmacy in Wickersley, Rotherham (South Yorkshire).

The branch held a fancy dress event and raffle to raise £920 for the charity.

First prize was a family holiday to Disneyland Paris, courtesy of Ledger Travel, Rotherham.

Another 150 prizes were donated by local businesses. The wining ticket was drawn by Rotherham United FC's manager Ronnie Moore.

The trip to the Magic Kingdom went to Freda McKay – Mickey Mouse and Co are waiting.

Work *does* expand to fill the time available ...it's official!

"Work expands to fill the time available" is a truism which most of us would acknowledge contains more than a grain of truth.

However, as scientists, pharmacists might like to see a more meaningful way of defining this rather vague statement. Surprisingly, one exists which fits the bill – sort of.

Parkinson's Law was first published in *The Economist* in November 1955, following a study by C Northcote Parkinson into staffing levels at the Admiralty.

He concluded that in any publi administrative department the staff may be expected to increase according to the following formula:

$$\frac{x=2k^{M}+p}{n}$$

where k is the number of staff seeking promotion through the appointment of subordinates; p is the difference between the age of appointment and retirement; t is the number of man hours devoted to answering minutes within the department; and n is the number of effective units being administered. Then x will be the number of new staff required each year.

To find the percentage increas simply multiply x by 100 and divide by the total of the previou year, thus:

$$\frac{100\ (2k^{M}+p)\ \%}{yn}$$

where y represents the total original staff. If you do the sum the answer, apparently, will invariably prove to be between 5.17 per cent and 6.56 per cent, irrespective of the amount of work (if any) to be done.

It's just the sort of thing to wave under the nose of your PCT chief executive as he struggles to cope with the avalanche of bureaucratic diktat burying his desk.

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